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This report is published by Medical Assistance Administration, the State of Washington Department of Social and Health Services (DSHS) for DSHS staff, county committees, Healthy Options contracted health plans, FFS providers, client advocates, and other interested parties.

ABOUT THE SURVEY AND ITS RESULTS

PURPOSE

The 1998 Medicaid client survey was designed to assess the satisfaction of program beneficiaries with the health care and services they received through the Healthy Options (HO) and Fee-for-Service (FFS) programs.

- ❑ The survey was sponsored by the state of Washington Medical Assistance Administration (MAA) to find out what members think about how the HO health plans and FFS providers are delivering health care and services.
- ❑ The survey was designed to help the HO plan members select the best health care plan to meet their needs.
- ❑ For the first time, the survey was adapted for clients who are not in HO to understand how they feel about the health care services they receive through the FFS program.
- ❑ The survey focuses on members' experiences and medical care during **the first 6 months of 1998**. A six month period makes the survey results more meaningful to purchasers and members who use them to compare plans, and to health plan staff who use them to improve care and services for members.
- ❑ The results will be used by MAA to evaluate the quality of health care and services in both the HO and FFS programs.

QUESTIONNAIRE

The survey uses the most recent national standardized questionnaires, Consumer Assessment of Health Plans:

2.0 CAHPS
Health Care Quality Information
From the Consumer Perspective

- ❑ CAHPS questionnaires were developed and extensively tested by the CAHPS Consortium, a group of national survey experts associated with Harvard Medical School, RAND, and the Research Triangle Institute.
- ❑ CAHPS is a five-year collaborative project sponsored by the U.S. Agency for Health Care Policy and Research (AHCPR) to help consumers identify the best health care plans and services for their needs.
- ❑ The Medicaid core questionnaire set developed by CAHPS includes separate versions for adults and children. It consists of approximately 65 questions covering topics such as access to care, quality of care, communication between doctors and their patients, health plans' customer service, and overall satisfaction with health plans.

- ❑ Overall satisfaction ratings are based on a scale from 0 to 10, with 0 being the “worst possible” and 10 being the “best possible”. Some questions have a yes/no format. Others ask the consumer to rate a health care issue as “big problem”, “small problem”, or “not a problem”. Still others ask about the frequency of occurrences with response choices “always”, “usually”, “sometimes”, or “never”.
- ❑ The survey includes supplemental questions specific to children and adults with chronic conditions or disabilities.

WHO CONDUCTED THE SURVEY?

The survey was conducted by an independent, outside organization, not associated with any health plan.

- ❑ MAA contracted with the Oregon Medical Professional Review Organization (OMPRO), an independent external review organization, to conduct the survey.
- ❑ OMPRO administered the survey, analyzed the data, and prepared most of the survey results for this report.

SAMPLING METHODOLOGY

The HO samples used for the survey were selected randomly from each health plan. The FFS samples were randomly selected from the SSI and GAU programs in Medicaid.

- ❑ Separate samples of adults and children from each of the 12 HO plans were selected. Responses for 2 plans who merged (Group Health Cooperative and Group Health Northwest) were later combined by randomly selecting half from each sample. One plan (Providence Health Care) is not reported here since MAA no longer contracts with it. The adult samples consisted of members 18 years or older at the time of the survey; the sample for children consisted of members who were 17 years or younger.
- ❑ Separate samples of adults and children participating in Social Supplemental Income (SSI) and General Assistance Unemployable (GAU) programs were also selected for the survey.
- ❑ Responses to children’s surveys were provided by a parent or other adult.
- ❑ To participate in the survey, HO members must have been in their plans for at least 6 consecutive months. FFS clients must have been on Medicaid for 6 consecutive months and not enrolled in a HO health plan during that period.

HEALTH PLANS IN THIS SURVEY

MAA surveyed members from all 12 contracted HO plans.

Premiera Blue Cross
Community Health Plan of Washington
Group Health Cooperative of Puget Sound
Group Health Northwest
Kaiser Foundation Health Plan of Northwest
Kitsap Physicians Service
Aetna US Healthcare
Providence Health Plan
QualMed Health Plan
Regence BlueShield
Southwest Washington Medical Direct (CUP)
Northwest Medical Bureau

SURVEY METHODOLOGY

The survey was administered in English by mail and then followed by telephone interviews. Participation was voluntary and confidential.

- ❑ A total of 23,145 HO and 3,643 FFS clients were surveyed. All those in the sample who did not return the mail surveys were called and asked to respond to the survey by telephone.
- ❑ All respondents were told either in a letter or by telephone interviewers that their answers would be private, that they would

not be identified in any reports, and that their benefits would not be affected whether or not they chose to respond to the survey.

- ❑ A total of 10,591 surveys were completed (about 420 adults and 480 children from each plan).
- ❑ The response rate for HO and FFS surveys was 37.2 percent and 44.4 percent, respectively. The total HO and FFS combined response rate was about 41 percent.

DATA ANALYSIS

One of the fundamental principles of CAHPS has been to develop the survey questionnaires and reporting products in tandem. The CAHPS Reporting Kit provides specific instructions for data analysis. To facilitate accuracy and consistency, the CAHPS development team designed a widely used statistical software program to use in analyzing and reporting the data.

Portions of the following sections are reprinted or paraphrased, with permission, from the CAHPS™ 1.0 Survey and Reporting Kit, produced by Westat, which is sponsored by the Agency for Health Care Policy and Research, AHCPR Publication No. 97-0063, December 1997.

Responses to the items in the CAHPS questionnaires are grouped in three categories, each of which requires a slightly different type of data analysis: overall ratings, single items, and composites. The software program computes response distributions and plan averages for these categories. The data are presented in bar graphs to show distribution of responses and in summary comparison charts with star symbols to show differences among plans.

Overall Ratings

The presentation of the survey results begins with respondents' overall assessments in four areas, using a scale from 0 to 10:

- the health plan;
- the quality of the care they receive;
- their personal doctor; and
- specialists.

Composites

When a survey covers many topics, a comprehensive report including results for each question would be overwhelming to readers. To keep the reporting of CAHPS survey results comprehensive, yet of reasonable length, CAHPS developed and tested groupings of related questionnaire items, termed “composites”. Testing during the development of CAHPS showed that consumers found these composites easy to understand and were satisfied with the level of detail they provided. The 1998 survey composites covered the following areas:

- getting needed care
- getting care without long waits
- how well doctors communicate
- courtesy, respect, and helpfulness of office staff
- health plan customer service and paperwork

Single Items

When a topic does not fit within a composite, CAHPS results are presented as single items. Topics such as whether it is easy for those

enrolled in plans to get referrals to specialists, or whether clients has problems with prescription medicine are examples of single items.

Comparison Star Charts

The star charts show whether or not plans differ significantly from the average for all plans. Stars are assigned to show a relative value for each plan's performance, i.e., how does one plan perform in relation to another plan. These comparison charts reflect statistically significant differences among plans. The stars are derived by assigning a numeric value to answers given by respondents and then calculating the averages for each plan.

Stars are assigned in the comparison charts to reflect differences among health plans. A 2-step method was used. First, the CAHPS program tests to determine if any of the plan means significantly differ (F-test). Preliminary testing offers some protection against assigning a plan one or three stars due to random fluctuations in the sample when there may truly be no meaningful plan differences. If no differences were indicated by the overall F-test, those results were not presented. When the F-test indicated differences, the program further tested to determine if the mean for each plan was different from the overall mean for all plans in the analysis (t-test). This second analysis was used to apply a star rating to each plan.

HOW DOES THIS REPORT SHOW THE SURVEY RESULTS?

This report shows the survey results in the following ways:

- ❑ Separate reports for adults and children
- ❑ Separate reports for HO and FFS
- ❑ Results from each HO plan are reported and compared across the 10 HO plans and with the “MCO Avg”, the combined average of all HO health plans.
- ❑ Aggregate summaries are reported for FFS. Clients in SSI and GAU programs are combined to produce the adult FFS survey results.
- ❑ Results are not reported for a health plan if it has *fewer than 85* responses to a measure.

Overall Ratings

The report first shows a set of charts that compares the overall ratings for each health plan.

- ❑ Overall ratings are given for the following items, using a scale from “0” to “10”:
 - ◆ Personal doctor or nurse
 - ◆ Specialists
 - ◆ Health care

- ◆ The health plan

Composite Measures

Bar graphs and star symbols are used to show how the plans compare on each of the five composite measures:

- ◆ Getting care that is needed
 - ◆ Getting care without long waits
 - ◆ How well doctors communicate with patients
 - ◆ Courtesy, respect, and helpfulness of office staff
 - ◆ Health plan customer service and paperwork
- ❑ A set of bar graphs – one for each survey topic - shows plan differences on the five survey topics and tells which survey questions make up each topic. Next to the plan name is the star symbol that shows which health plans had better or lower scores than the combined average of all 10 plans.
 - ❑ A separate section uses star symbols only to explain plan differences on the five composite measures. These are the same star ratings shown in the section of bar graphs.

Single Item Comparisons

The actual scores for each health plan on a number of single survey questions are shown.

- ❑ Single questions include:
 - ◆ How easy it is to get referrals to specialists;
 - ◆ How easy it is to find a personal doctor patients are happy with;

- ◆ Days waiting for acute care;
- ◆ Problems getting prescription medicine;
- ◆ Single survey questions that make up the composite measures.

- Bar graphs – one for each survey question - show plan differences on survey questions.

ABOUT THE CLIENT BROCHURE

For the first time, a client brochure was developed and sent to new HO enrollees in 1999.

- The brochure was tested through interviews with HO members.
- The brochure is county-specific and user-friendly.
- The brochure has been translated into 7 languages and sent to newly eligible HO members.
- The brochure reports the plan-specific survey results on the five “composite” measures:
 - ◆ Getting care that is needed
 - ◆ Getting care without long waits
 - ◆ How well doctors communicate with patients
 - ◆ Courtesy, respect, and helpfulness of office staff
 - ◆ Health plan customer service and paperwork
- A study is under way to collect feedback about the brochure from selected HO members.

ABOUT THE STAR SYMBOLS

- Since this survey is based on responses from a *sample* of (not all) eligible HO members from each health plan, the results have a “margin of error”. If differences in plan scores fall within the “margin of error”, the differences are not real, but a factor of sampling variation.
- The stars show which health plan scores are significantly better or worse than the survey average (all plans combined).
 - ◆ If a plan score is significantly higher than the survey average, it gets three stars.
 - ◆ If a plan score is significantly lower than the survey average, it gets one star.
 - ◆ Two stars indicate the plan is neither higher nor lower than the average score for all plans combined.
- For larger sample sizes, smaller differences are needed for the plan to be statistically significant from the survey average. The reverse is also true.
- The plan comparisons shown by the stars take into account the number of responses to the survey questions. The fewer the responses to a question, the bigger the difference is needed to be statistically significant from the survey average.
- The plan comparisons shown by the stars include adjustments so that differences in **age** and **health status** of respondents do not affect the plan comparisons.

All plan comparisons in this report use a significance level of $p \leq .05$.

Use of this statistical method means that there is one chance in 20 that a “better than average” or “below average” result was by chance or sample variability rather than because there is a real difference. In general, the bigger the sample, the lower the margin of error – and the more confidence that the responses from the sample are similar to the results that would have been obtained if every person in the eligible population had been surveyed.

It takes a bigger difference to be statistically significant for some topics than others

- ❑ In this survey, the margin of error differs from topic to topic, because the number of responses to each question differs.
- ❑ Most survey questions are about specific experiences respondents have had. Respondents did not need to answer questions that asked about experiences they did not have in the first 6 months of 1998 (the survey reference period). This means that the number of responses can differ substantially from question to question.

For example: Since most people saw their doctors in the first 6 months of 1998, the number of answers to the questions about how well doctors communicated is quite high. The number of answers to the question that asked “how much of a problem, if any, was it to see a specialist you needed to see?” is much smaller, because many people did not need to see specialists in the first 6 months of 1998.

In this example, the margin of error for the survey question of referrals to see specialists is larger than the margin of error for the question about doctor’s communication with patients. For a health

plan to be statistically significant from the survey average, it requires a bigger difference in percentages for the topic of referral services than the topic on doctor’s communication.

CAUTIONS TO INTERPRETING THE SURVEY RESULTS

While it is natural to want to compare results between HO and FFS clients when similar questions are being asked, it is important to keep in mind that the two groups of clients are very different.

- ❑ HO and FFS are both Medicaid programs, but they are very different health care delivery systems. HO provides clients a “medical home” and an assigned primary care provider who refers clients to specialists. MAA does not obligate providers to see FFS clients and clients may be able to see specialists without a referral. In the FFS system, decisions about the authorization of care are made by the provider, the client, and the Medical Assistance Administration (MAA), not by a health plan
- ❑ Client characteristics between the two groups also differ in important ways: health status, age, sex, and health care and services utilization, etc. Some of these differences have been shown to affect client’s experiences with and perceptions about health care and health care services. The following table presents a comparison of client characteristics between HO and FFS. The results are based on the current client satisfaction survey.

A comparison of sample characteristics between HO and FFS

Sample Characteristics	HO	FFS
Self-reported health status: “ Poor ” (Adult sample)	5.6%	22.7%
Self-reported health status: “ Excellent ” (Adult sample)	12.4%	4.6%
Self-reported health status: “ Excellent ” (Child sample)	48.4%	15.7%
Women (Adult sample)	89.4%	57%
Between 18 and 34 years old (Adult sample)	61%	21.3%
Between 45 and 64 years old (Adult sample)	8.8%	48.9%
“ Never ” been to Emergency Room in the first 6 months of 1998 (Child sample)	83.3%	73.4%
“ Never ” been to Emergency Room in the first 6 months of 1998 (Adult Sample)	75.7%	64.9%
Visited PCP 4 or more times in the first 6 months of 1998 (Child sample)	15.9%	28.4%
Visited PCP 4 or more times in the first 6 months of 1998 (Adult sample)	37%	46%

Survey results – HO children's care

Healthy Options Children

Overall Ratings

Ratings of children's personal doctor

On a scale from:

“0” = worst possible
personal doctor

to

“10” = best possible
personal doctor

Question 7: Rate your child's personal doctor or nurse

Premera Blue Cross	22%	37%	42%
Community Health Plan of Washington	18%	35%	47%
CUP	20%	35%	45%
Group Health Cooperative	25%	41%	34%
Kaiser Foundation Health Plan	21%	42%	37%
Kitsap Physicians Service	25%	33%	42%
Northwest Medical Bureau	16%	37%	47%
Aetna US Healthcare	22%	35%	43%
QualMed Health Plan	25%	33%	42%
Regence BlueShield	17%	34%	49%
MCO Avg	21%	36%	43%

☐ 0 Thru 7

☐ 8 or 9

☐ 10

Healthy Options Children

Overall Ratings

Ratings of children's health care

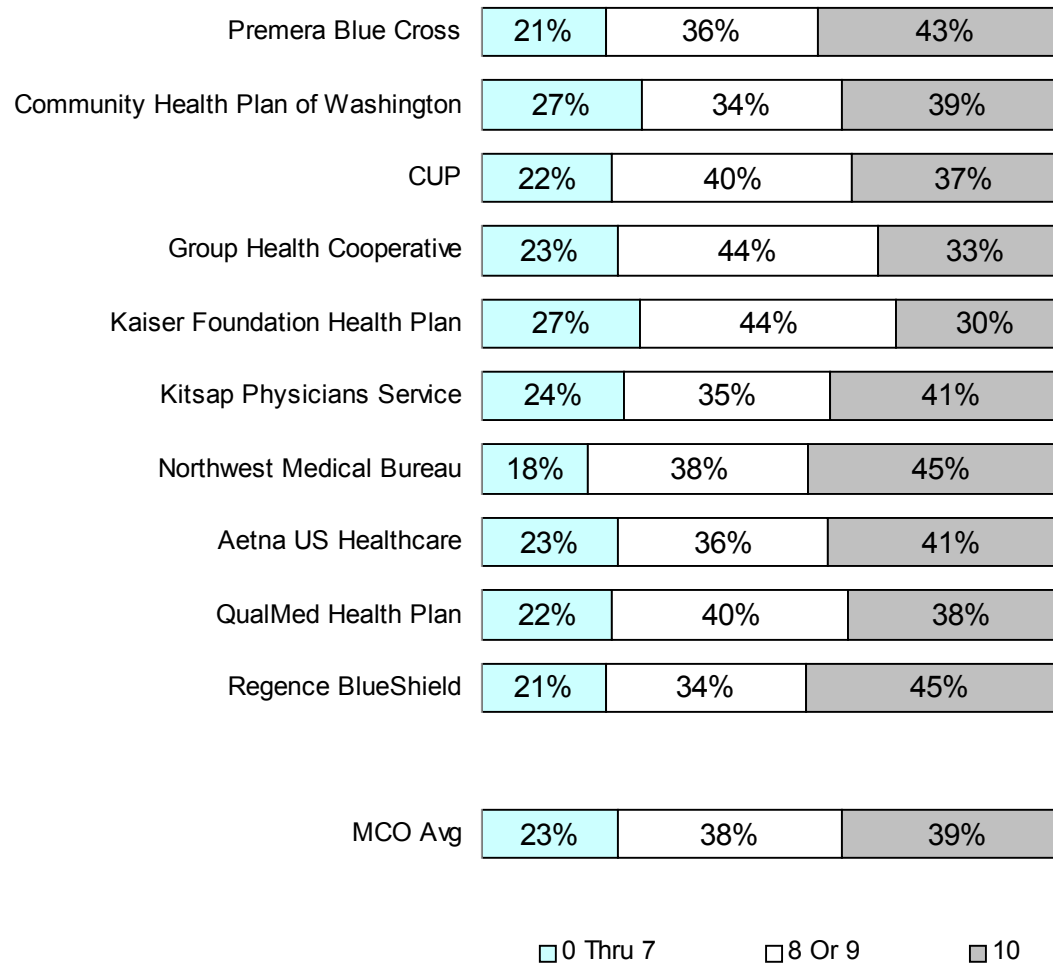
On a scale from:

“0” = worst possible
health care

to

“10” = best possible
health care

Question 38: Rate your child's health care



Healthy Options Children

Overall Ratings

Ratings of children's health plan

On a scale from:

“0” = worst possible
health plan

to

“10” = best possible
health plan

Question 61: Rate your child's health plan

Premera Blue Cross	30%	36%	34%
Community Health Plan of Washington	39%	28%	33%
CUP	28%	41%	31%
Group Health Cooperative	28%	44%	29%
Kaiser Foundation Health Plan	30%	37%	33%
Kitsap Physicians Service	30%	40%	30%
Northwest Medical Bureau	27%	35%	38%
Aetna US Healthcare	35%	33%	32%
QualMed Health Plan	36%	33%	31%
Regence BlueShield	30%	36%	34%
MCO AVG	31%	36%	33%

☐ 0 Thru 7

☐ 8 Or 9

☐ 10

Healthy Options Children

Composite Measure 1: Getting care that is needed

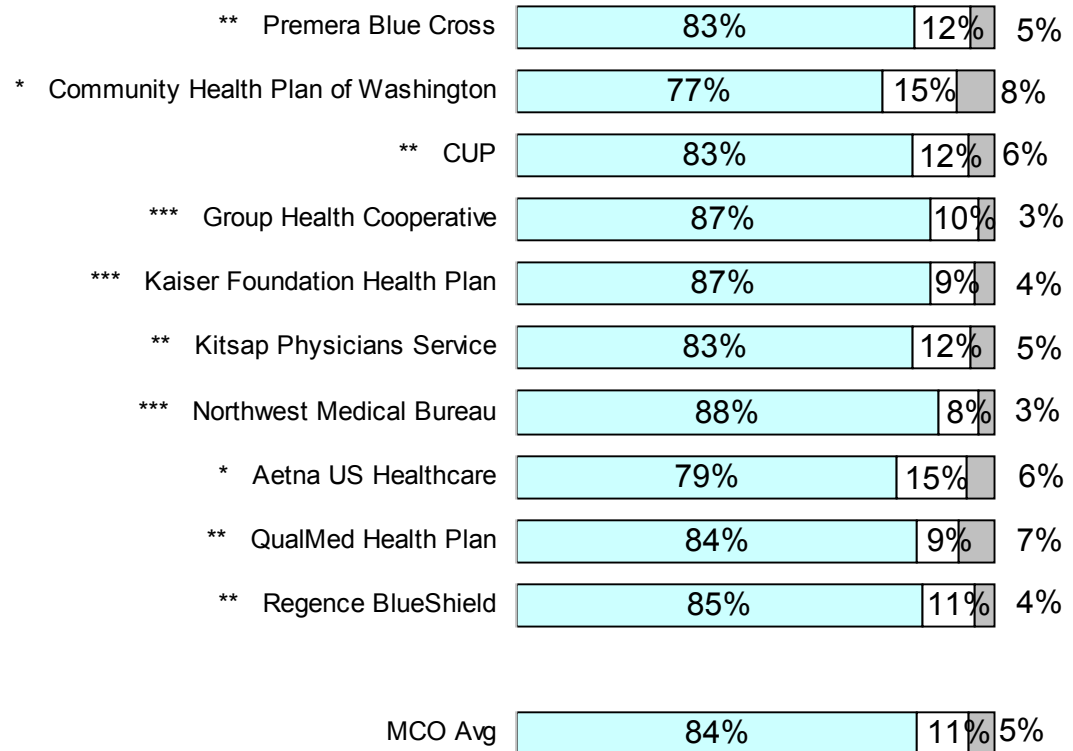
Four survey questions asked parents *if they had problems*:

- ☐ Finding a personal doctor they are happy with
- ☐ Getting referrals to see specialists
- ☐ Getting necessary care
- ☐ Getting care approved without delays from the health plan

*** **Better** than *survey average*
 ** **Average**
 * **Below** *survey average*

Note: The bar graph represents raw percentages of responses for all questions contributing to the composite. Star ratings represent relative ratings of overall MCO means, adjusted for age and health status. These two different figures may not always be consistent due to these adjustments.

Getting care that is needed



☐ Not a problem ☐ Small problem ☐ Big problem

Healthy Options Children

Composite Measure 2: Getting care without long waits

Four survey questions asked parents *how often* they:

- ☐ Got the help or advice they needed when they called the doctor's office
- ☐ Got an appointment as soon as they wanted for routine or regular care
- ☐ Got care as soon as they wanted for an illness or injury
- ☐ Waited 15 minutes or less in the waiting room

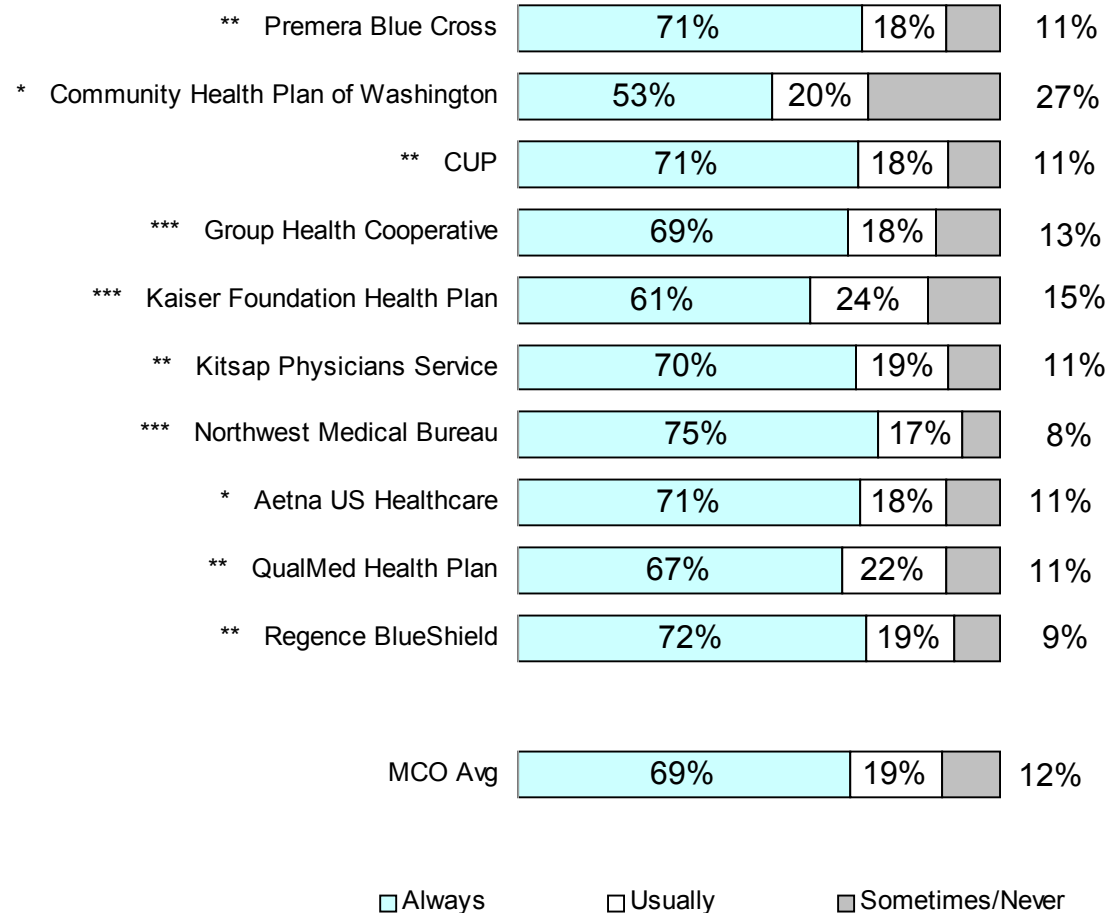
*** **Better** than survey average

** **Average**

* **Below** survey average

Note: The bar graph represents raw percentages of responses for all questions contributing to the composite. Star ratings represent relative ratings of overall MCO means, adjusted for age and health status. These two different figures may not always be consistent due to these adjustments.

Getting care without long waits



Healthy Options Children

Composite Measure 3: How well doctors communicated

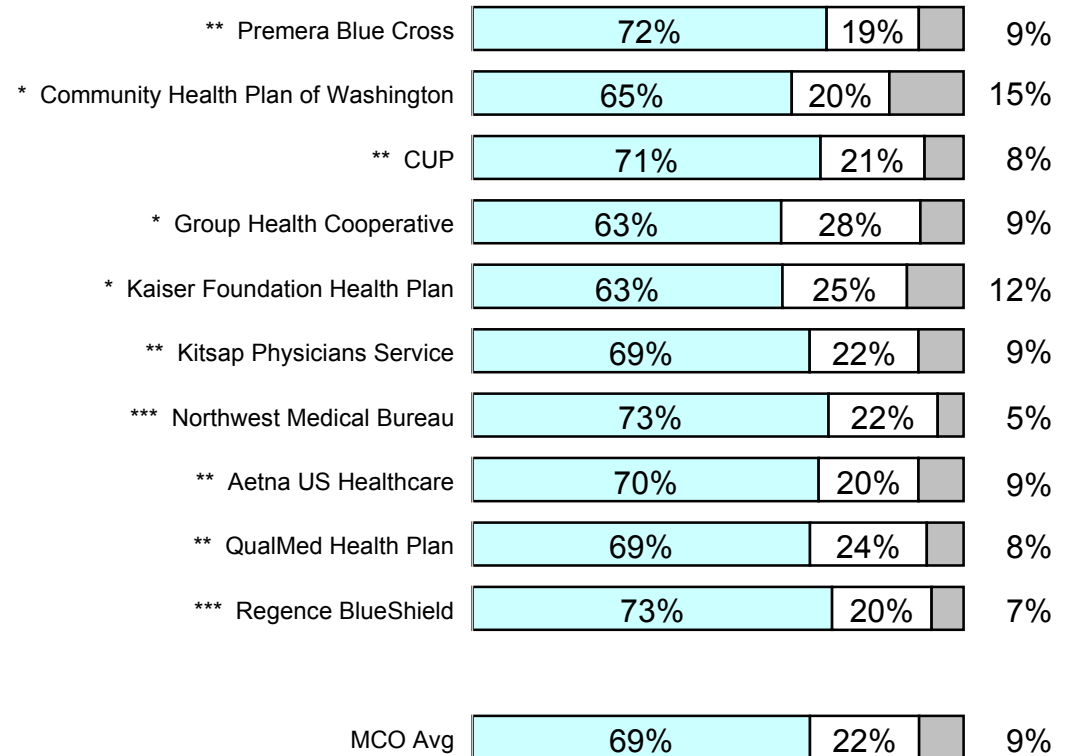
Four survey questions asked parents *how often* their children's doctors or other health care providers:

- ☐ Listened to them carefully
- ☐ Explained things in a way they could understand
- ☐ Showed respect for what they had to say
- ☐ Spent enough time with their children

*** **Better** than *survey average*
 ** **Average**
 * **Below** *survey average*

Note: The bar graph represents raw percentages of responses for all questions contributing to the composite. Star ratings represent relative ratings of overall MCO means, adjusted for age and health status. These two different figures may not always be consistent due to these adjustments.

How well doctors communicated



☐ Always ☐ Usually ☐ Sometimes/Never

Healthy Options Children

Composite Measure 4: Courtesy, respect, and helpfulness of office staff

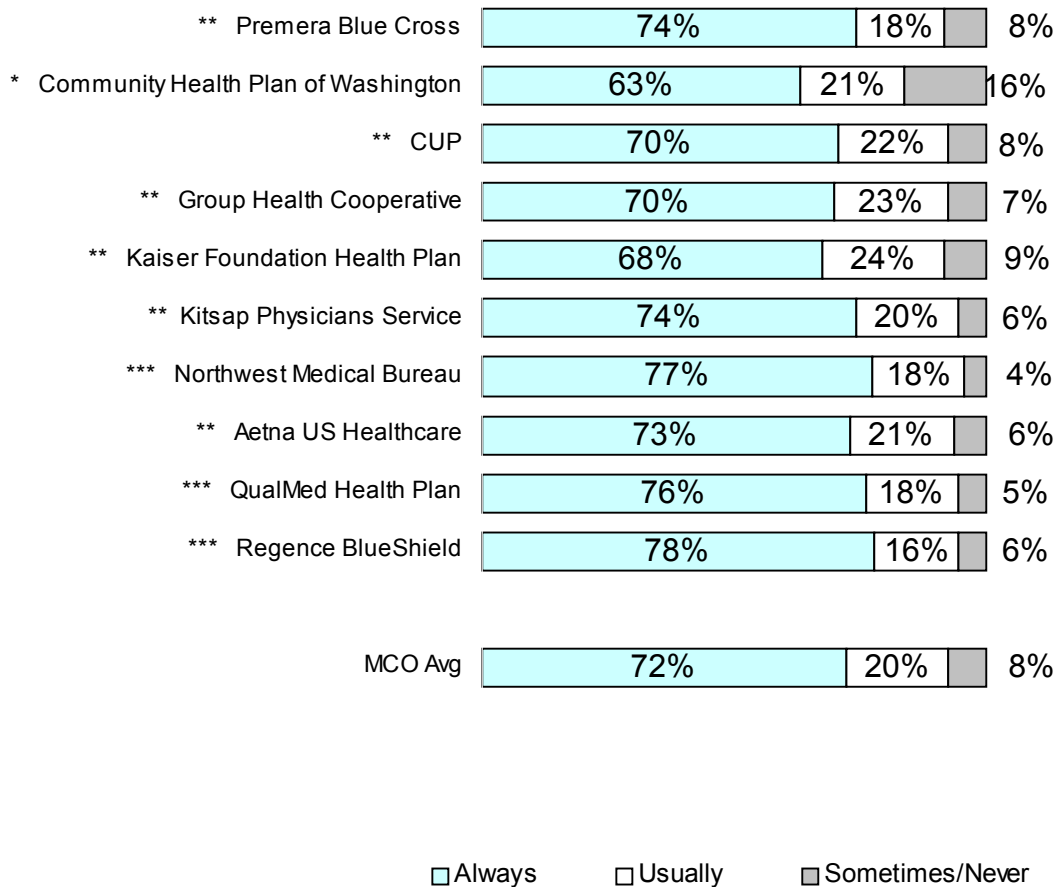
Two survey questions asked parents *how often* staff at their children's doctor's office:

- ☐ Treated them with courtesy and respect
- ☐ Were as helpful as they should be

*** **Better** than *survey average*
 ** **Average**
 * **Below** *survey average*

Note: The bar graph represents raw percentages of responses for all questions contributing to the composite. Star ratings represent relative ratings of overall MCO means, adjusted for age and health status. These two different figures may not always be consistent due to these adjustments.

Courtesy, respect, and helpfulness of office staff



Healthy Options Children

Composite Measure 5: Health plan's customer service and paperwork

Two survey questions asked parents *if they had problems*:

- ❑ Getting the help they needed when they called the health plan's customer office
- ❑ Paperwork related to getting care (such as problems with getting their health plan ID card or having their medical records changed)

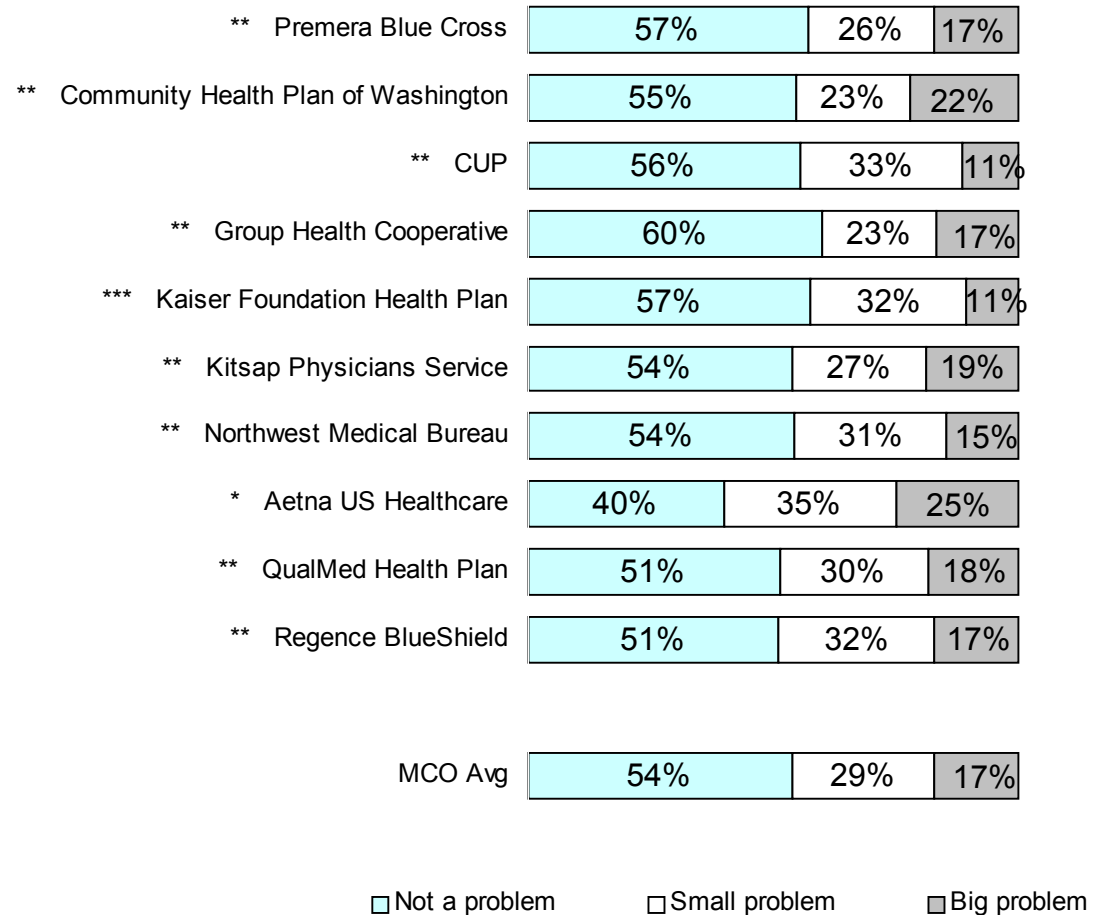
*** **Better** than *survey average*

** **Average**

* **Below** *survey average*

Note: The bar graph represents raw percentages of responses for all questions contributing to the composite. Star ratings represent relative ratings of overall MCO means, adjusted for age and health status. These two different figures may not always be consistent due to these adjustments.

Health plan's customer service and paperwork



Healthy Options Children

Single Item Measure

Question 4

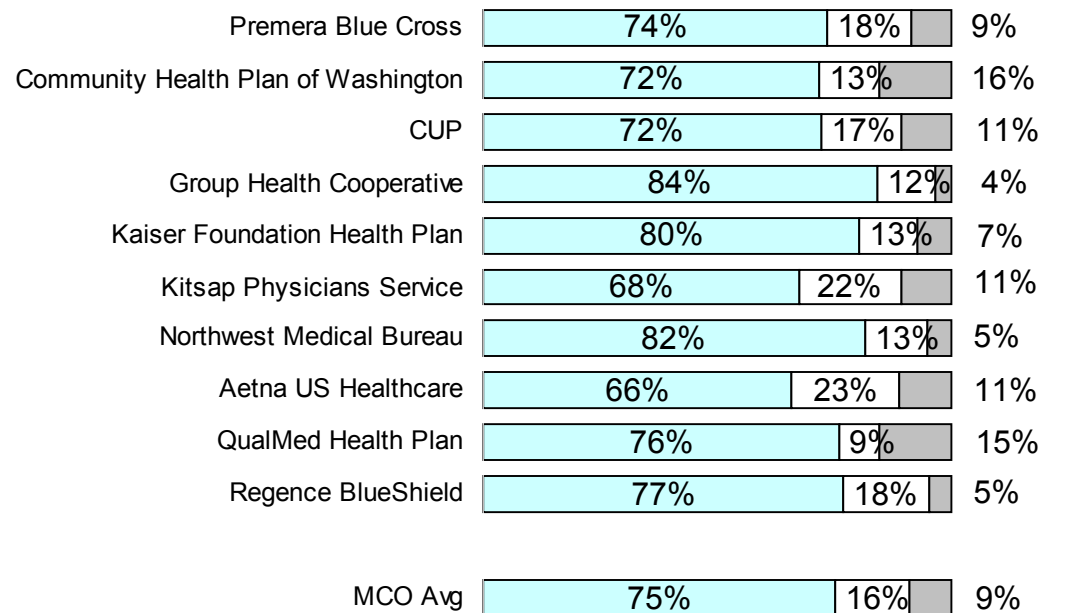
Survey respondents were asked:

“With the choices your health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?”

Note:

This question was answered by people who indicated that they did get a new doctor or nurse when they joined the health plan.

Q4 Problems finding a personal doctor (N=1,854)



☐ Not a problem

☐ Small problem

☐ Big problem

Healthy Options Children

Single Item Measure

Question 9

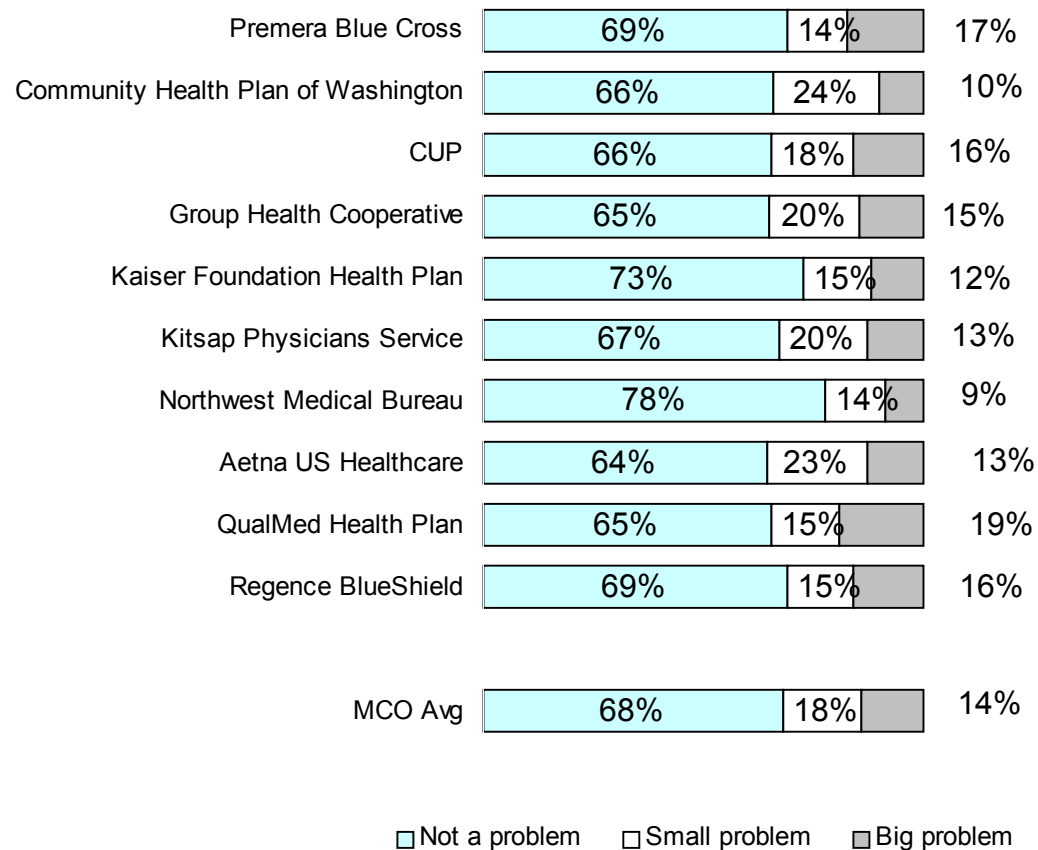
Survey respondents were asked:

“In the last 6 months, how much of a problem, if any, was it to get a referral to a specialist that your child needed to see?”

Note:

This question was answered by people who indicated their child needed to see a specialist in the first 6 months of 1998.

Q9 Problems getting referrals to specialist (N=872)



Healthy Options Children

Single Item Measure

Question 14

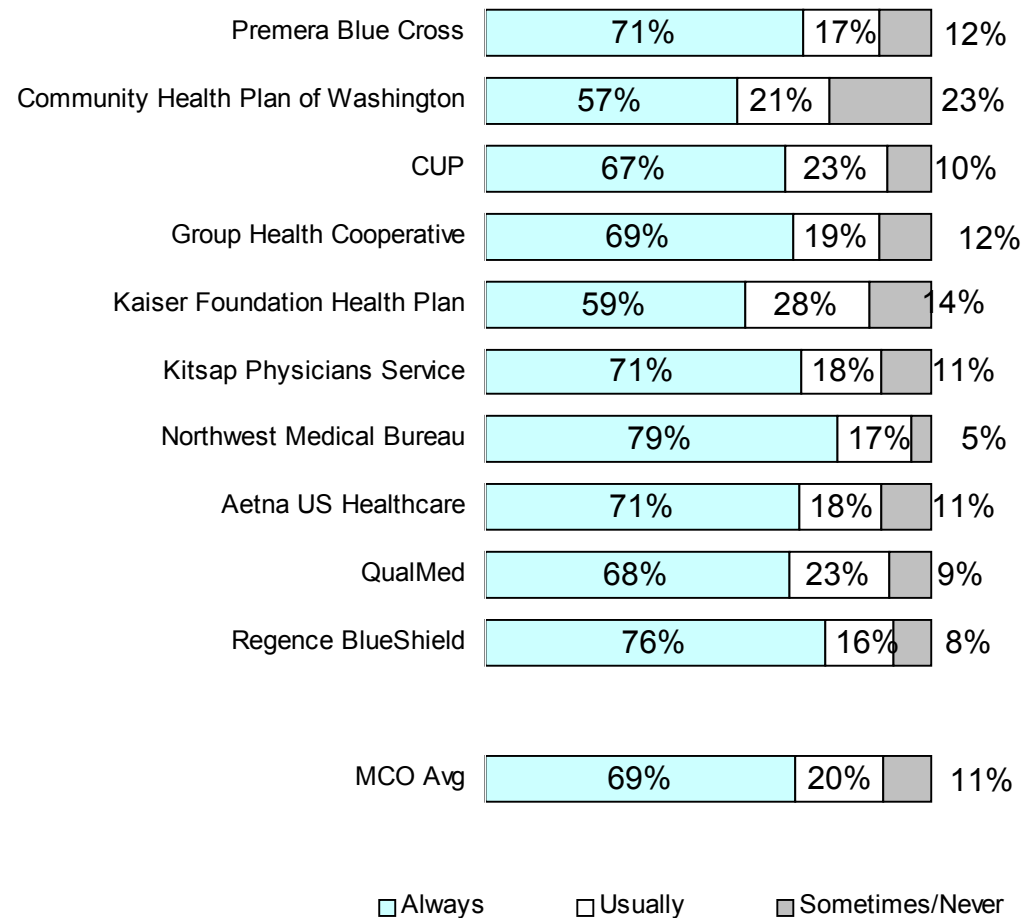
Survey respondents were asked:

“In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed for your child?”

Note:

This question was answered by people who had called a doctor's office or clinic at least once during regular office hours in the first 6 months of 1998.

Q14 Got help or advice needed from doctor's office (N=2,795)



Healthy Options Children

Single Item Measure

Question 16

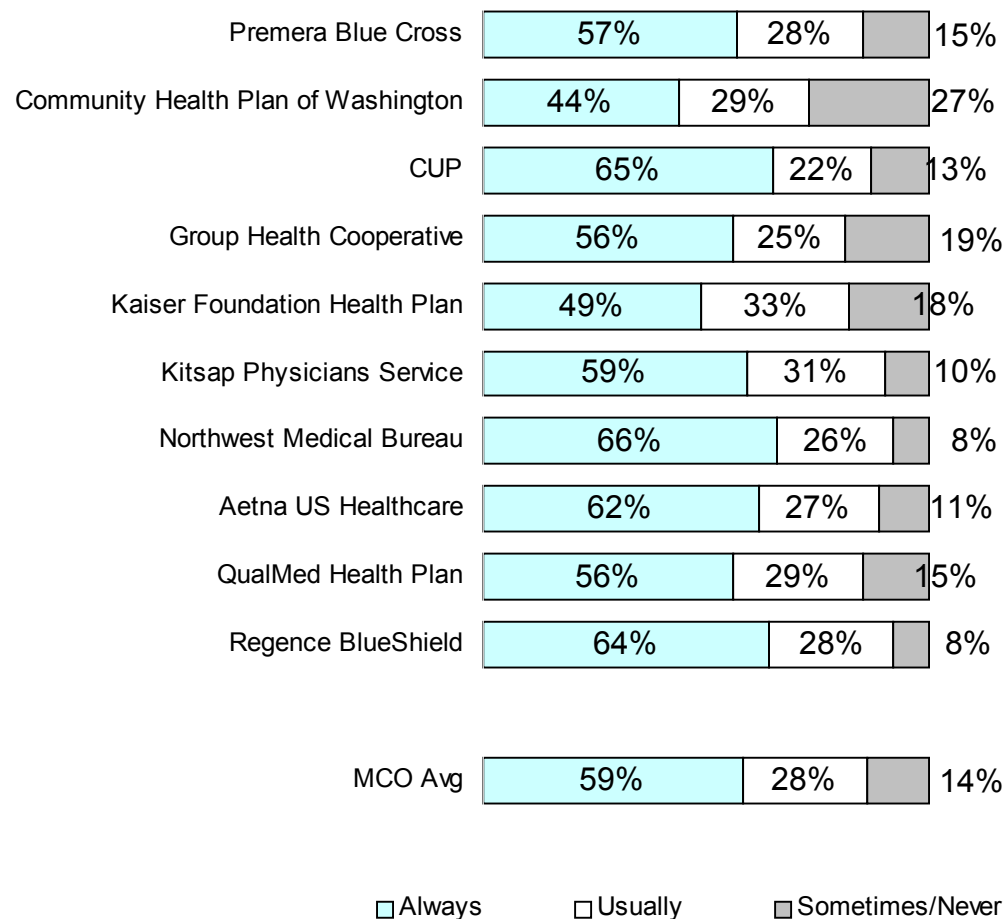
Survey respondents were asked:

“In the last 6 months, how often did your child get an appointment for regular or routine health care as soon as you wanted?”

Note:

This question was answered by respondents who indicated that their child had made an appointment with a doctor or other health provider in the first 6 months of 1998.

Q16 Got routine care as soon as wanted (N=2,614)



Healthy Options Children

Single Item Measure

Question 19

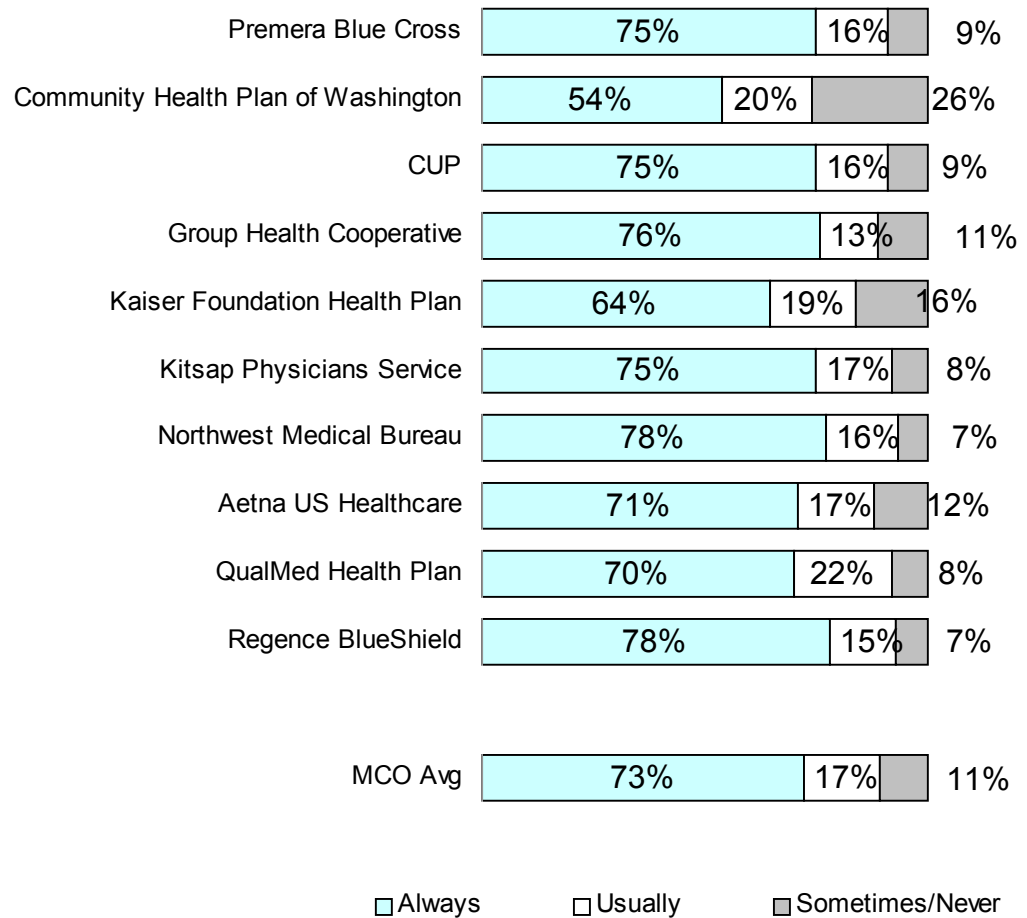
Survey respondents were asked:

“In the last 6 months, when your child needed care right away for an illness or injury, how often did your child get care as soon as you wanted?”

Note:

This question was answered by people who indicated their child had had illness or injury that needed care right away from a doctor’s office, clinic, or emergency room in the first 6 months of 1998.

Q19 Got acute care as soon as wanted (N=1,830)



Healthy Options Children

Single Item Measure

Question 20

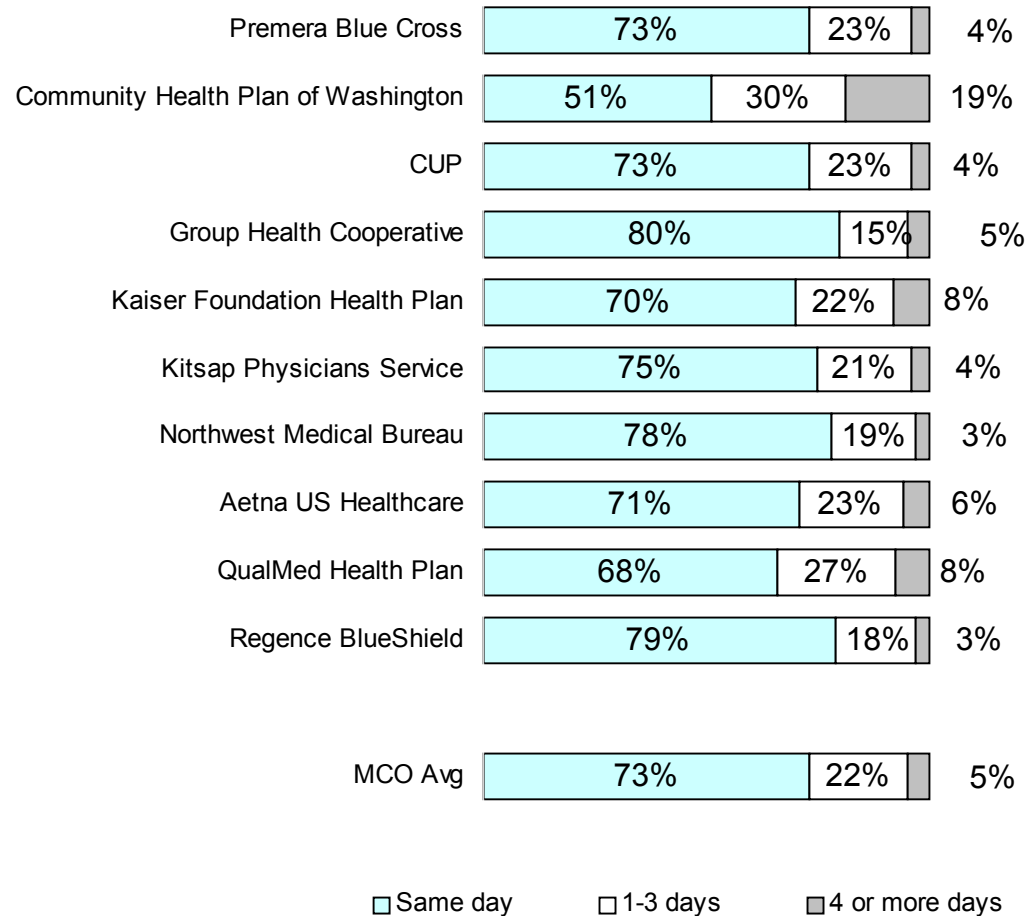
Survey respondents were asked:

“In the last 6 months, how long did your child usually have to wait between trying to get care and actually seeing a provider for an illness or injury?”

Note:

This question was answered by people who indicated their child had had an illness or injury that needed care right away during regular office hours in the first 6 months of 1998.

Q20 Days waiting for acute care (N=1,812)



Healthy Options Children

Single Item Measure

Question 23

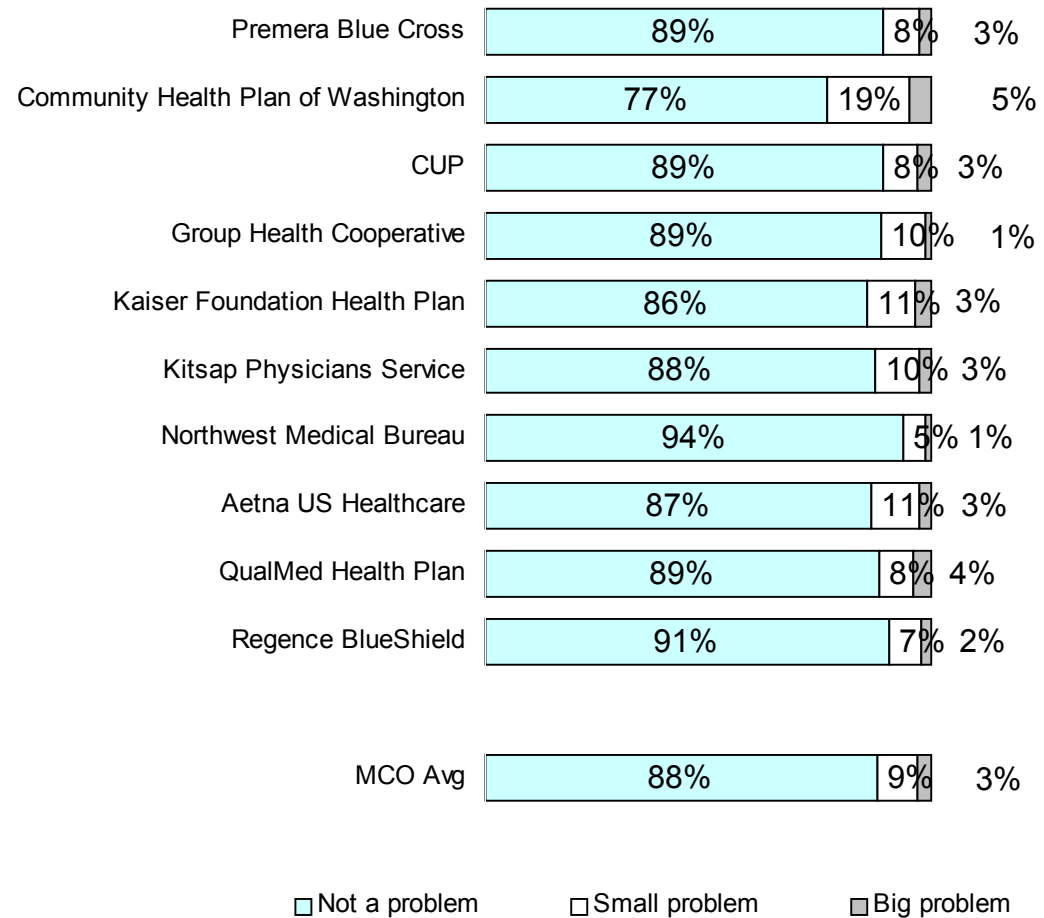
Survey respondents were asked:

“In the last 6 months, how much of a problem, if any, was it to get care for your child that you or a doctor believed necessary?”

Note:

This question was answered by people who indicated their child had been to a doctor or clinic in the first 6 months of 1998.

Q23 Problems getting the care necessary (N=3,355)



Healthy Options Children

Single Item Measure

Question 24

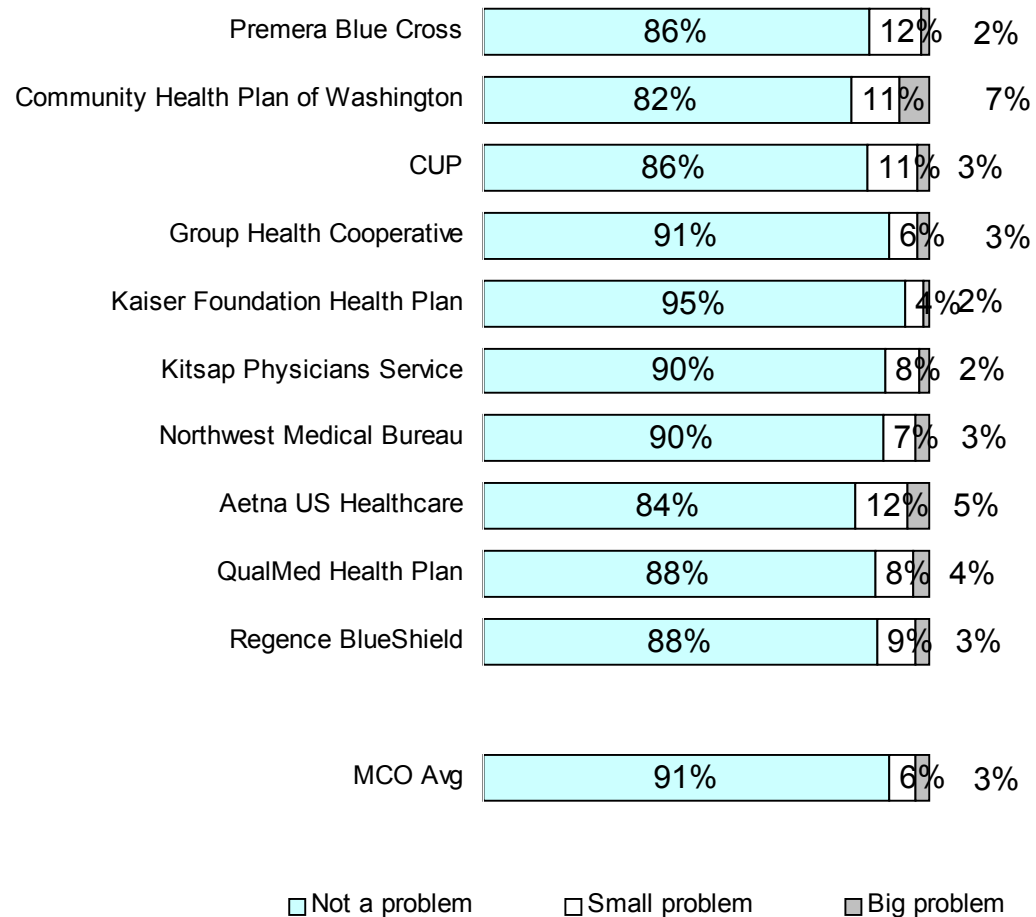
Survey respondents were asked:

“In the last 6 months, how much of a problem, if any, were delays in your child’s health care while you waited for approval by your child’s health plan?”

Note:

This question was answered by people who indicated their child had been to a doctor or clinic at least once in the first 6 months of 1998.

Q24 Problems getting care delayed due to approval (N=3,356)



Healthy Options Children

Single Item Measure

Question 25

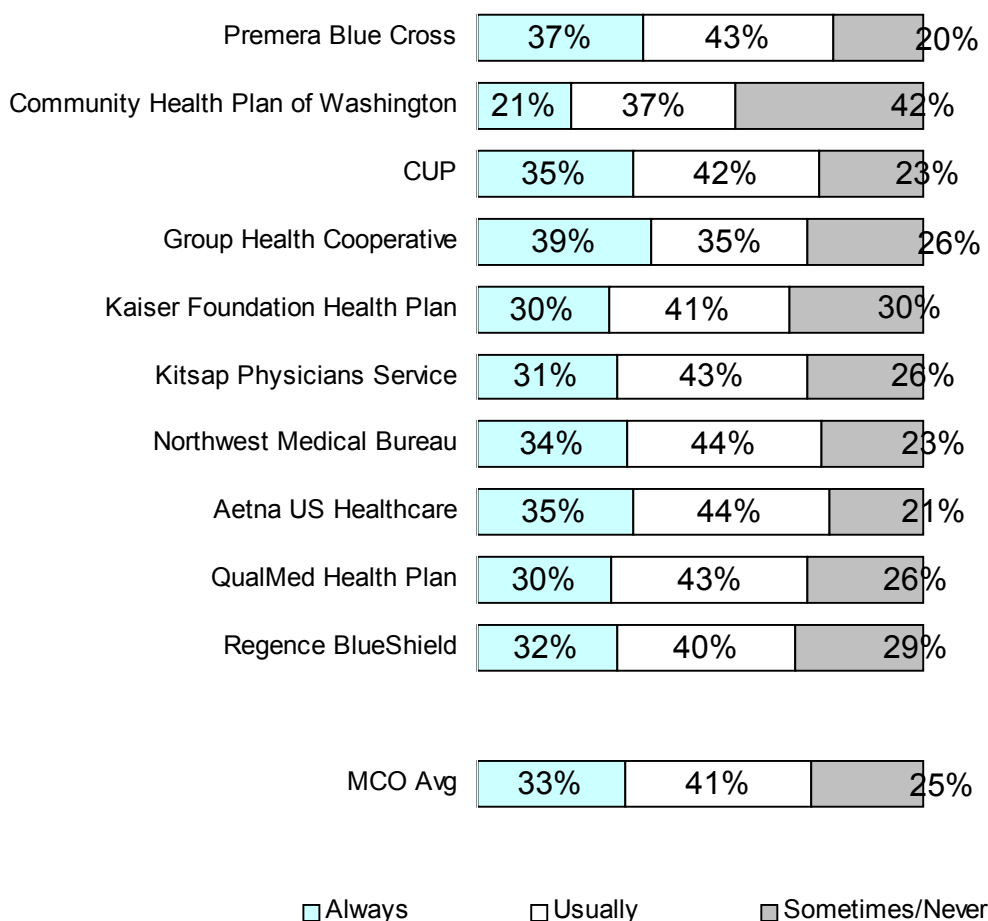
Survey respondents were asked:

“In the last 6 months, how often did your child wait in the doctor’s office or clinic more than 15 minutes past the appointment time to see the person your child went to see?”

Note:

This question was answered by people who indicated their child had been to a doctor or clinic at least once in the first 6 months of 1998.

Q25 Waiting for less than 15 minutes to see the doctor (N=3,239)



Healthy Options Children

Single Item Measure

Question 26

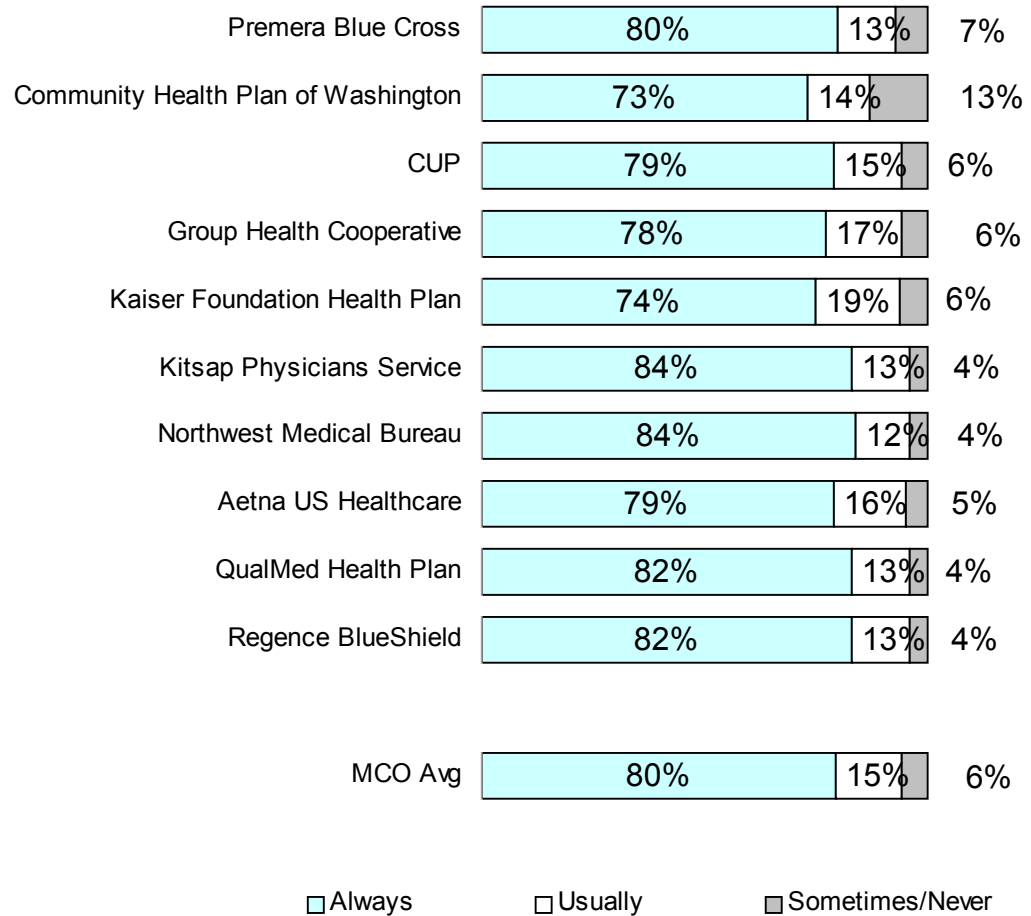
Survey respondents were asked:

“In the last 6 months, how often did office staff at your child’s doctor’s office or clinic treat you and your child with courtesy and respect?”

Note:

This question was answered by respondents who indicated that their child had been to a doctor’s office or clinic at least once in the first 6 months of 1998.

Q26 Office staff treated patients with courtesy and respect (N=3,357)



Healthy Options Children

Single Item Measure

Question 27

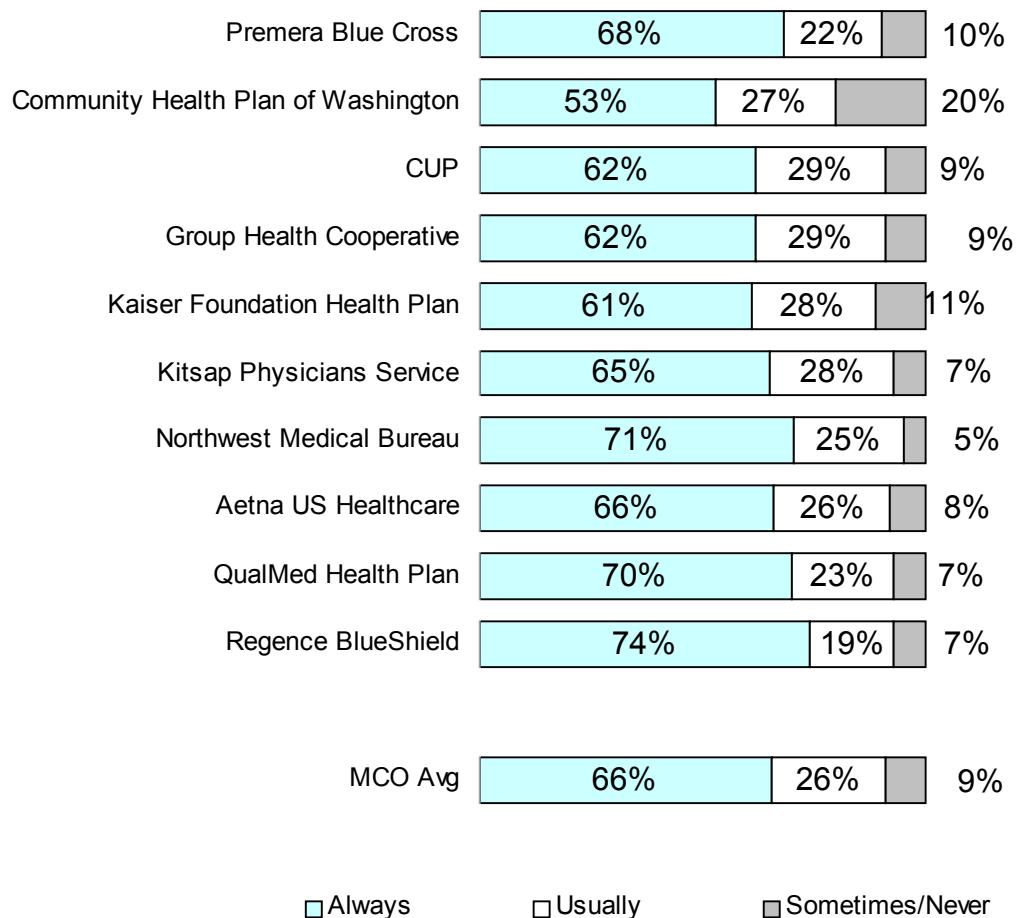
Survey respondents were asked:

“In the last 6 months, how often were office staff at your child’s doctor’s office or clinic as helpful as you thought they should be?”

Note:

This question was answered by respondents who indicated that their child had been to a doctor’s office or clinic at least once in the first 6 months of 1998.

Q27 Office staff were helpful (N=3,344)



Healthy Options Children

Single Item Measure

Question 28

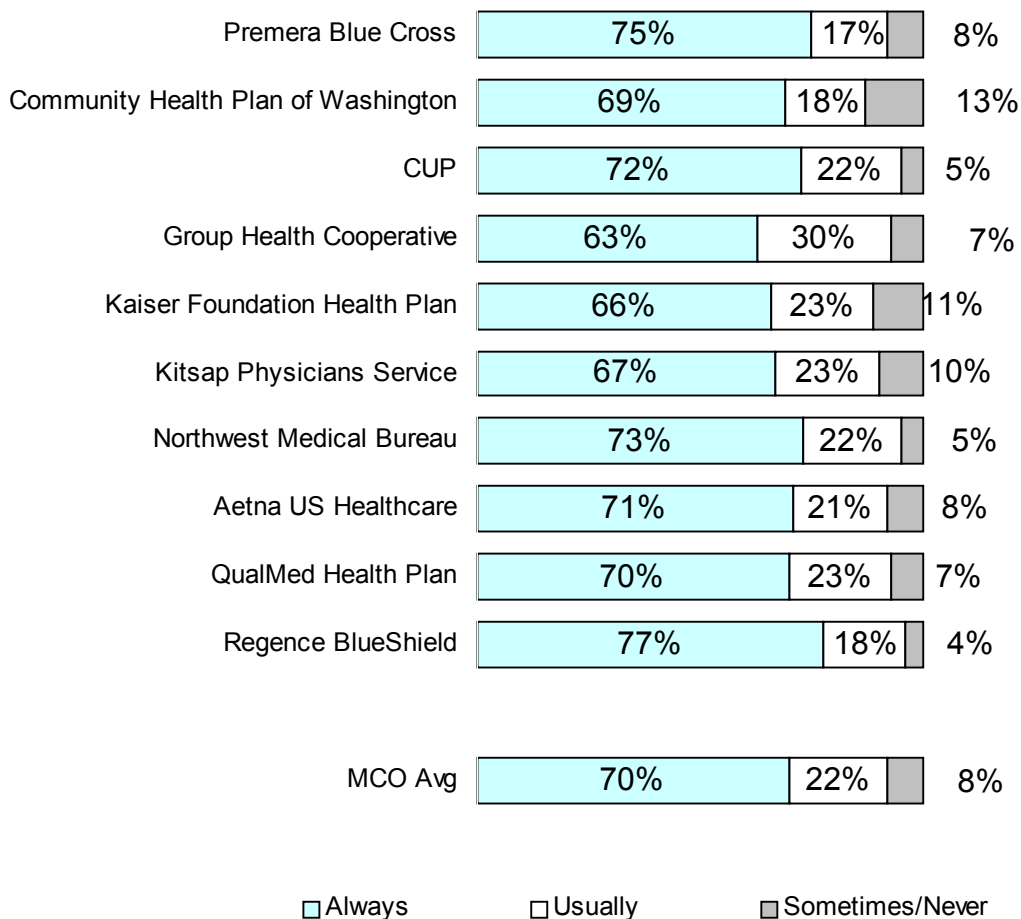
Survey respondents were asked:

“In the last 6 months, how often did your child’s doctors or other health providers listen carefully to you?”

Note:

This question was answered by people who indicated their child had been to a doctor or clinic at least once in the first 6 months of 1998.

Q28 Doctors listened carefully to you (N=3,351)



Healthy Options Children

Single Item Measure

Question 30

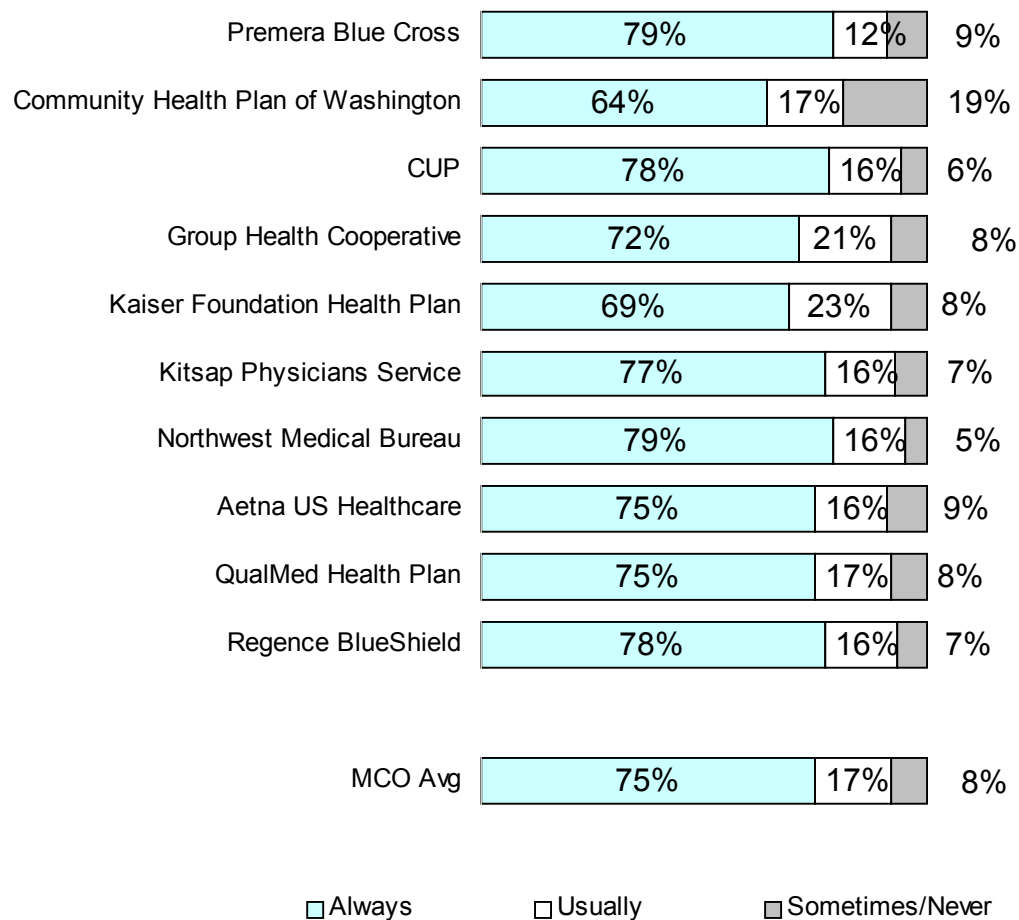
Survey respondents were asked:

“In the last 6 months, how often did your child’s doctors or other health providers explain things in a way you could understand?”

Note:

This question was answered by people who indicated their child had been to a doctor or clinic at least once in the first 6 months of 1998.

Q30 Doctors explained things so you could understand (N=3,330)



Healthy Options Children

Single Item Measure

Question 31

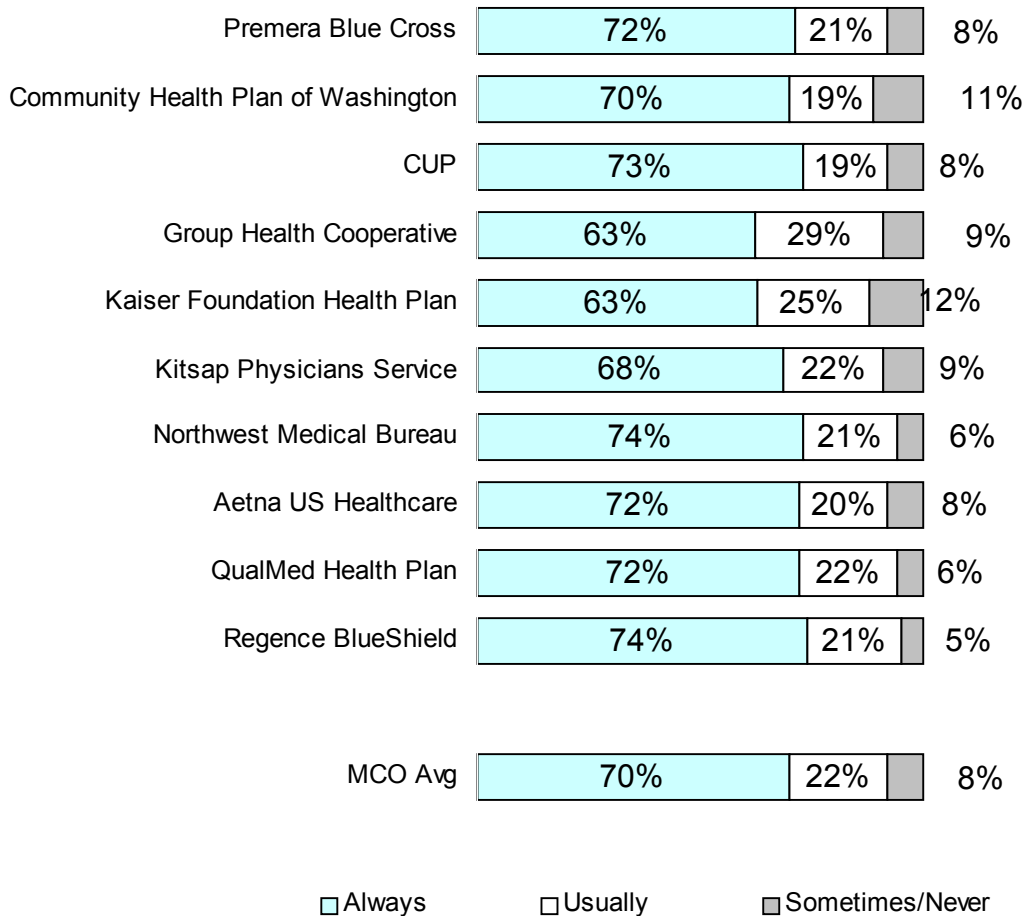
Survey respondents were asked:

“In the last 6 months, how often did your child’s doctors or other health providers show respect for what you had to say?”

Note:

This question was answered by people who indicated their child had been to a doctor or clinic at least once in the first 6 months of 1998.

Q31 Doctors showed respect for what you had to say (N=3,319)



Healthy Options Children

Single Item Measure

Question 32

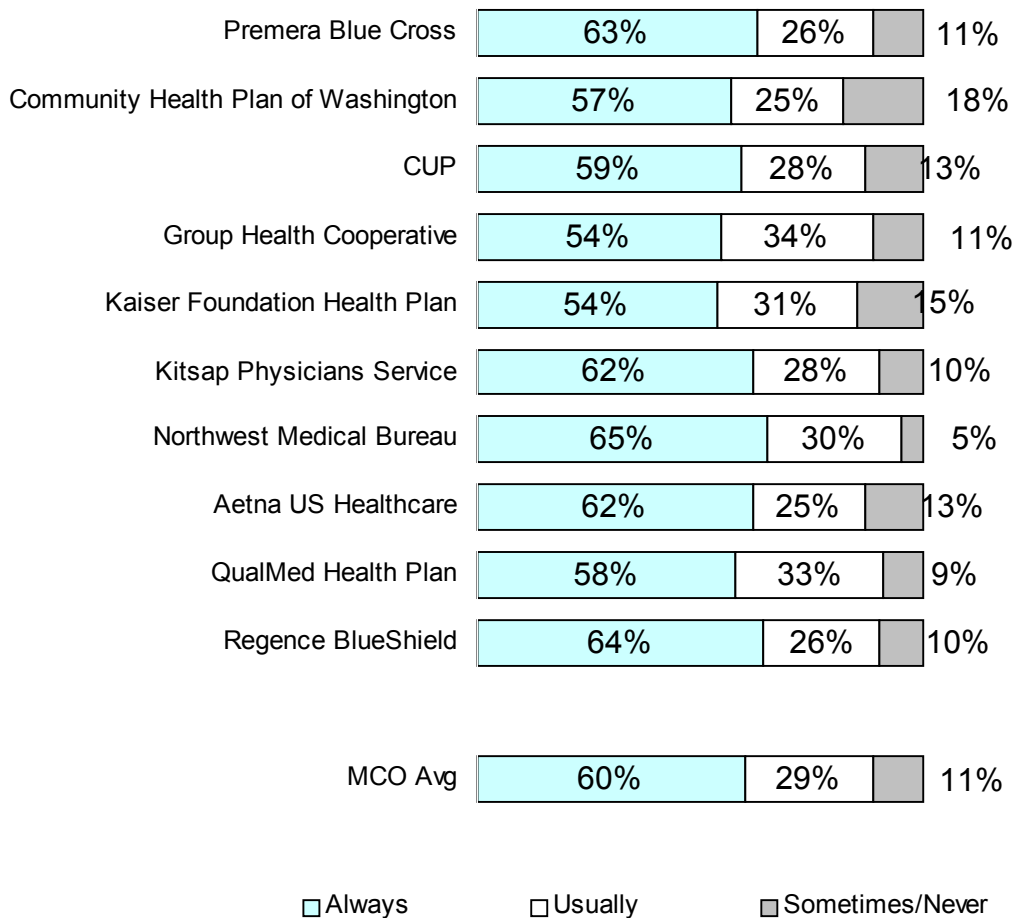
Survey respondents were asked:

“In the last 6 months, how often did your child’s doctors or other health providers spend enough time with your child?”

Note:

This question was answered by people who indicated their child had been to a doctor or clinic at least once in the first 6 months of 1998.

Q32 Doctors spent enough time with patients (N=3,298)



Healthy Options Children

Single Item Measure

Question 33

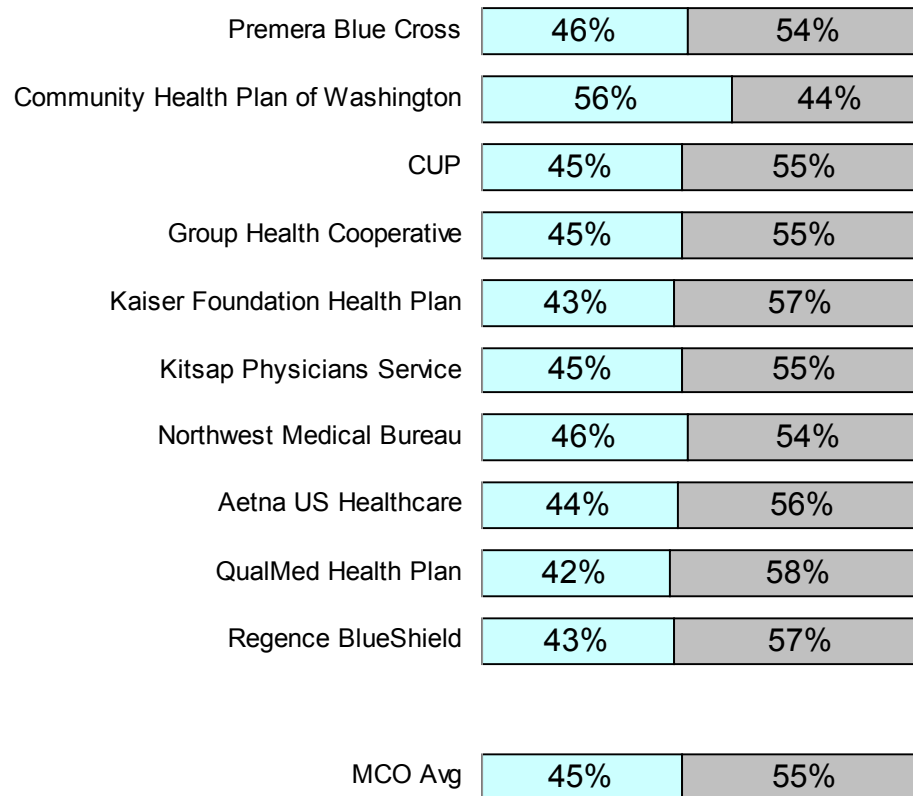
Survey respondents were asked:

“In the last 6 months, have any of your child’s doctors or other health providers talked with you about skills you need to take care of your child?”

Note:

This question was answered by people who indicated they had taken their child to a doctor’s office or clinic in the first 6 months of 1998.

Q33 Doctors talked to parents about skills needed to take care of child (N=3,319)



☐ Yes

☐ No

Healthy Options Children

Single Item Measure

Question 34

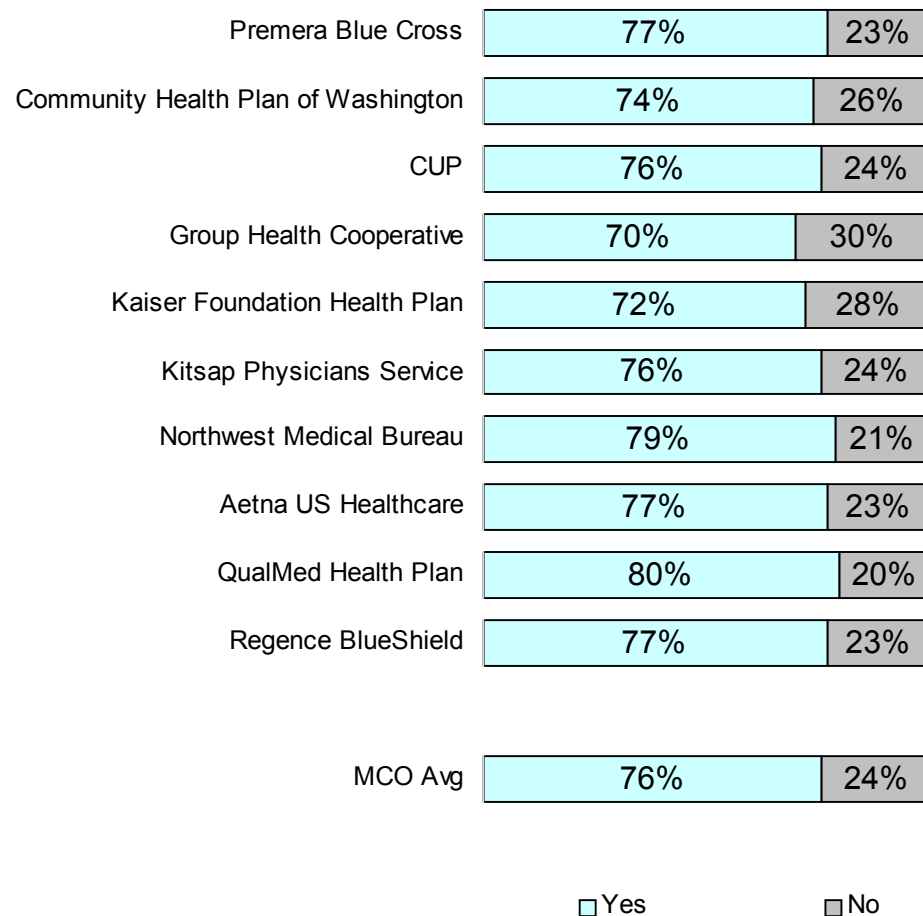
Survey respondents were asked:

“In the last 6 months, have any of your child’s doctors or other health providers given you reassurance about the care you are providing for your child?”

Note:

This question was answered by people who indicated they had taken their child to a doctor’s office or clinic in the first 6 months of 1998.

Q34 Doctors gave reassurance about care for child (N=3,322)



Healthy Options Children

Single Item Measure

Question 36

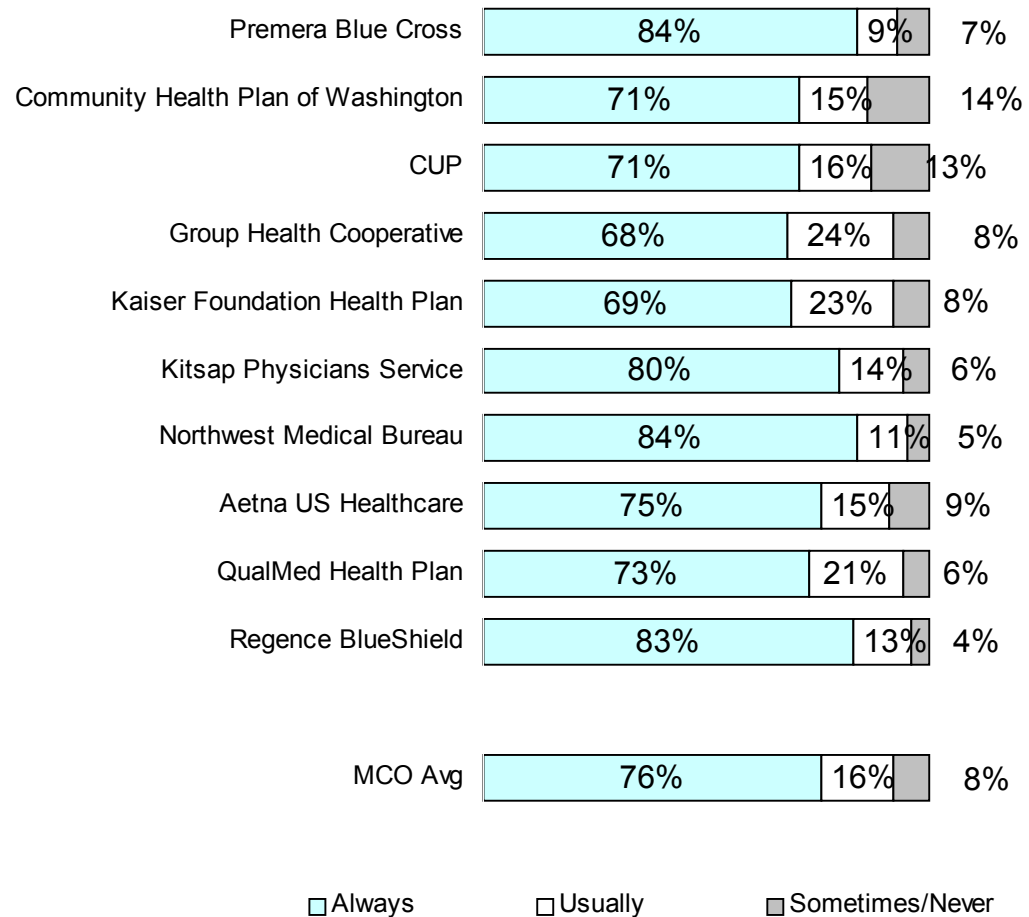
Survey respondents were asked:

“In the last 6 months, how often were you involved as much as you wanted in the decisions about your child’s health care?”

Note:

This question was answered by people who indicated they made decisions about their child’s health care in the first 6 months of 1998.

Q36 Parents involved as much as wanted in child's care decisions (N=1,441)



Healthy Options Children

Single Item Measure

Question 54

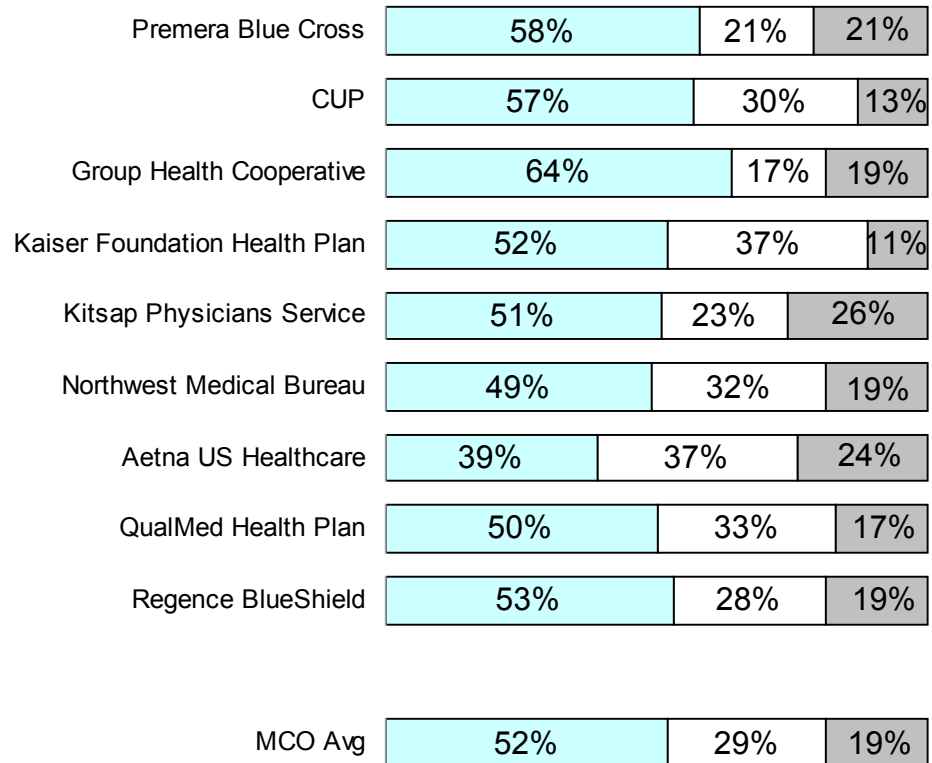
Survey respondents were asked:

“In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called your child’s health plan’s customer office?”

Note:

This question was answered by respondents who indicated that they had called the health plan’s customer service to get information in the first 6 months of 1998.

Q54 Problems getting help from health plan's customer service (N=949)



☐ Not a problem ☐ Small problem ☐ Big problem

Note:

Results for Community Health Plan of Washington are not reported due to small number of responses (N<85) to this question for the plan.

Healthy Options Children

Single Item Measure

Question 60

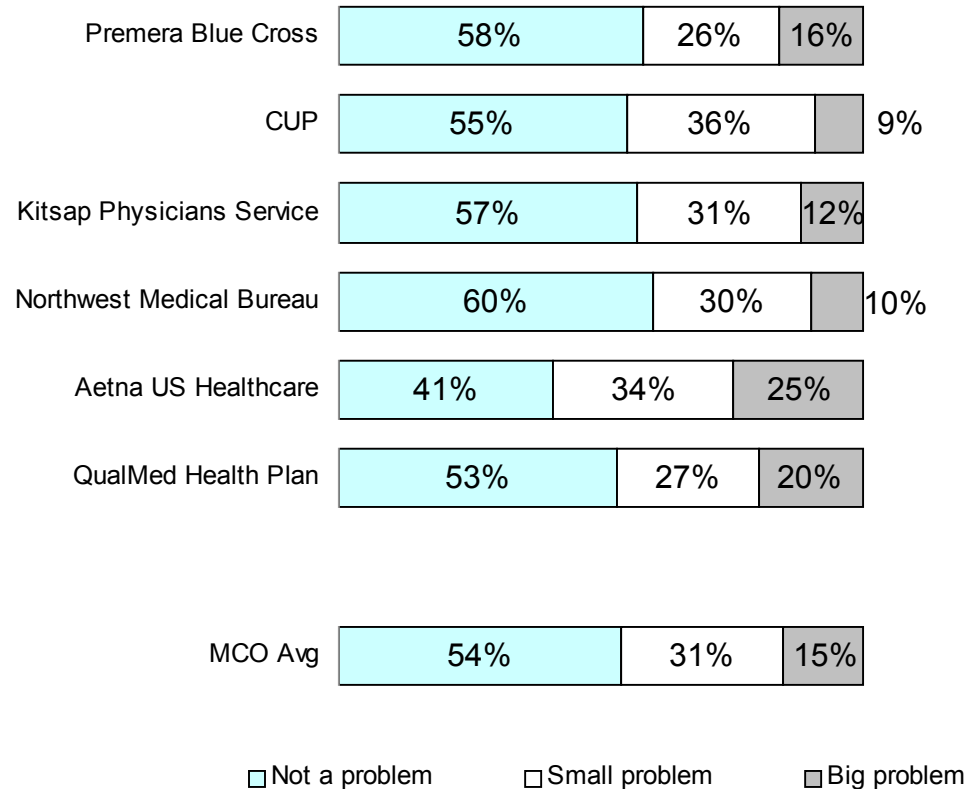
Survey respondents were asked:

“In the last 6 months, how much of a problem, if any, did you have with paperwork for your child’s health plan?”

Note:

This question was answered by respondents who indicated that they had had experiences with paperwork for the child’s health plan in the first 6 months of 1998.

Q60 Problems with paperwork for health plan (N=620)



Note:

Results are not reported for the following plans due to small number of responses (N<85):

Community Health Plan of Washington
 Group Health Cooperative
 Kaiser Foundation Health Plan
 Regence BlueShield

Healthy Options Children

Single Item Measure

Question 63

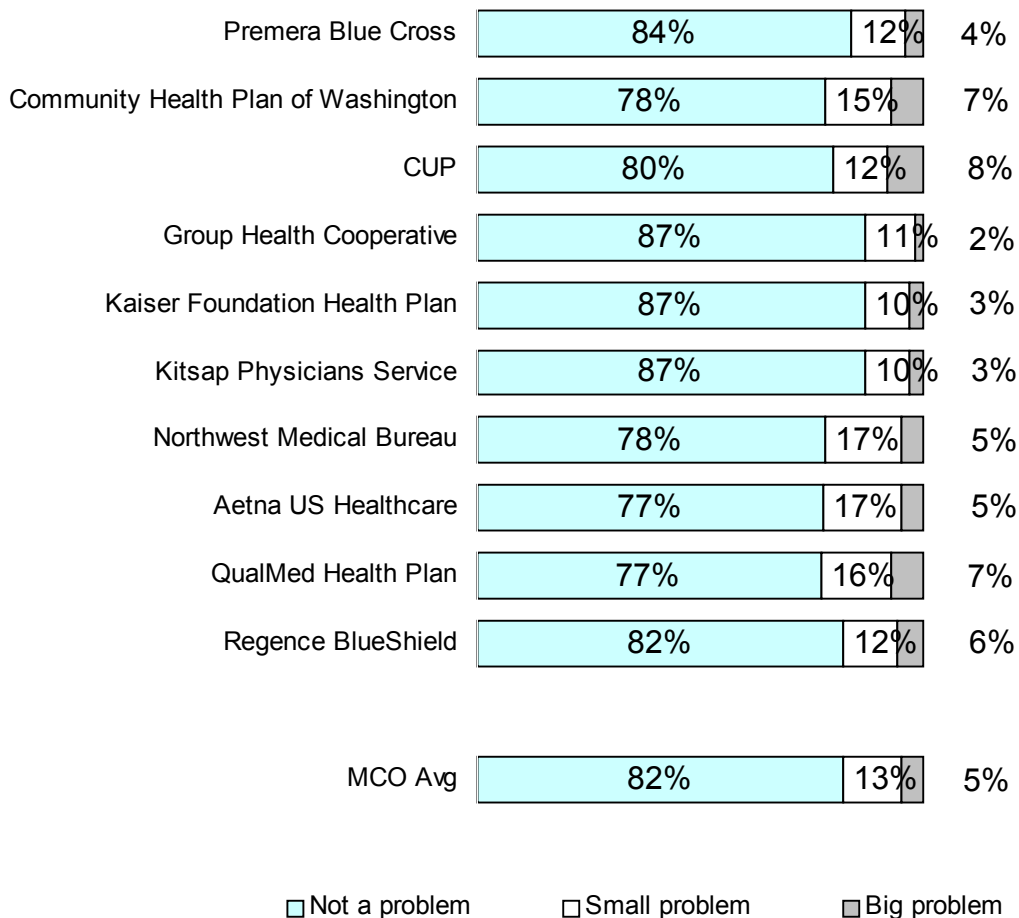
Survey respondents were asked:

“In the last 6 months, how much of a problem, if any, was it to get your child’s prescription medicine at the drug store or pharmacy?”

Note:

This question was answered by people who indicated they did get a new prescription or had a prescription refilled in the first 6 months of 1998.

Q63 Problems getting child's prescription medicine (N=2,361)



Here are the summary results for:

HO Children's Care

******* Better than *survey average*

****** Average

***** Below *survey average*

Health Plan	Getting care that is needed	Getting care without long waits	How well doctors communicated	Courtesy, respect, and helpfulness of office staff	Health plan's customer service and paperwork
Premera Blue Cross	**	**	**	**	**
Community Health Plan of Washington	*	*	*	*	**
CUP	**	**	**	**	**
Group Health Cooperative	***	**	*	**	**
Kaiser Foundation Health Plan	***	*	*	**	***
Kitsap Physicians Service	**	**	**	**	**
Northwest Medical Bureau	***	***	***	***	**
Aetna US Healthcare	*	**	**	**	*
QualMed Health Plan	**	**	**	***	**
Regence BlueShield	**	***	***	***	**

Survey results – HO adults' care

Healthy Options Adult

Overall Ratings

Ratings of personal doctor

On a scale from:

“0” = worst possible
personal doctor

to

“10” = best possible
personal doctor

Question 6: Rate your personal doctor or nurse (N=3,091)

Premiera Blue Cross	29%	33%	39%
Community Health Plan of Washington	25%	31%	45%
CUP	28%	30%	41%
Group Health Cooperative	27%	36%	36%
Kaiser Foundation Health Plan	30%	36%	34%
Kitsap Physicians Service	33%	34%	34%
Northwest Medical Bureau	28%	34%	39%
Aetna US Healthcare	34%	28%	38%
QualMed Health Plan	32%	29%	40%
Regence BlueShield	35%	30%	35%
MCO AVG	30%	32%	38%

☐ 0 Thru 7

☐ 8 Or 9

☐ 10

Healthy Options Adult

Overall Ratings

Ratings of specialists

On a scale from:

**“0” = worst possible
specialists**

to

**“10” = best possible
specialists**

Note:

This question was answered by people who indicated that they had seen a specialist in the first 6 months of 1998.

Question 10: Rate specialists (N=1,399)

Premera Blue Cross	32%	29%	40%
Community Health Plan of Washington	36%	27%	37%
CUP	33%	30%	38%
Group Health Cooperative	32%	37%	30%
Kaiser Foundation Health Plan	40%	36%	24%
Kitsap Physicians Service	29%	31%	40%
Northwest Medical Bureau	25%	34%	41%
Aetna US Healthcare	33%	27%	40%
QualMed Health Plan	33%	26%	40%
Regence BlueShield	34%	31%	35%
MCO AVG	33%	31%	37%

☐ 0 Thru 7

☐ 8 Or 9

☐ 10

Healthy Options Adult

Overall Ratings

Ratings of health care

On a scale from:

“0” = worst possible
health care

to

“10” = best possible
health care

Question 35: Rate your health care (N=3,843)

Premiera Blue Cross	38%	34%	28%
Community Health Plan of Washington	38%	34%	28%
CUP	41%	37%	22%
Group Health Cooperative	36%	37%	27%
Kaiser Foundation Health Plan	40%	38%	22%
Kitsap Physicians Service	35%	36%	29%
Northwest Medical Bureau	32%	35%	33%
Aetna US Healthcare	39%	33%	29%
QualMed Health Plan	39%	33%	28%
Regence BlueShield	42%	32%	26%
MCO AVG	38%	35%	27%

☐ 0 Thru 7
 ☐ 8 Or 9
 ☐ 10

Healthy Options Adult

Overall Ratings

Rating of health plan

On a scale from:

“0” = worst possible
health plan

to

“10” = best possible
health plan

Question 53: Rate your health plan (N=4,121)

Premiera Blue Cross	44%	31%	25%
Community Health Plan of Washington	43%	32%	26%
CUP	42%	38%	20%
Group Health Cooperative	39%	39%	22%
Kaiser Foundation Health Plan	42%	33%	25%
Kitsap Physicians Service	43%	35%	23%
Northwest Medical Bureau	38%	35%	27%
Aetna US Healthcare	48%	33%	19%
QualMed Health Plan	50%	29%	21%
Regence BlueShield	46%	32%	22%
MCO AVG	44%	34%	23%

☐ 0 Thru 7

☐ 8 Or 9

☐ 10

Healthy Options Adult

Composite Measure 1: Getting care that is needed

Four survey questions asked respondents *if they had problems*:

- ☐ Finding a personal doctor they are happy with
- ☐ Getting referrals to see specialists
- ☐ Getting necessary care
- ☐ Getting care approved without delays from the health plan

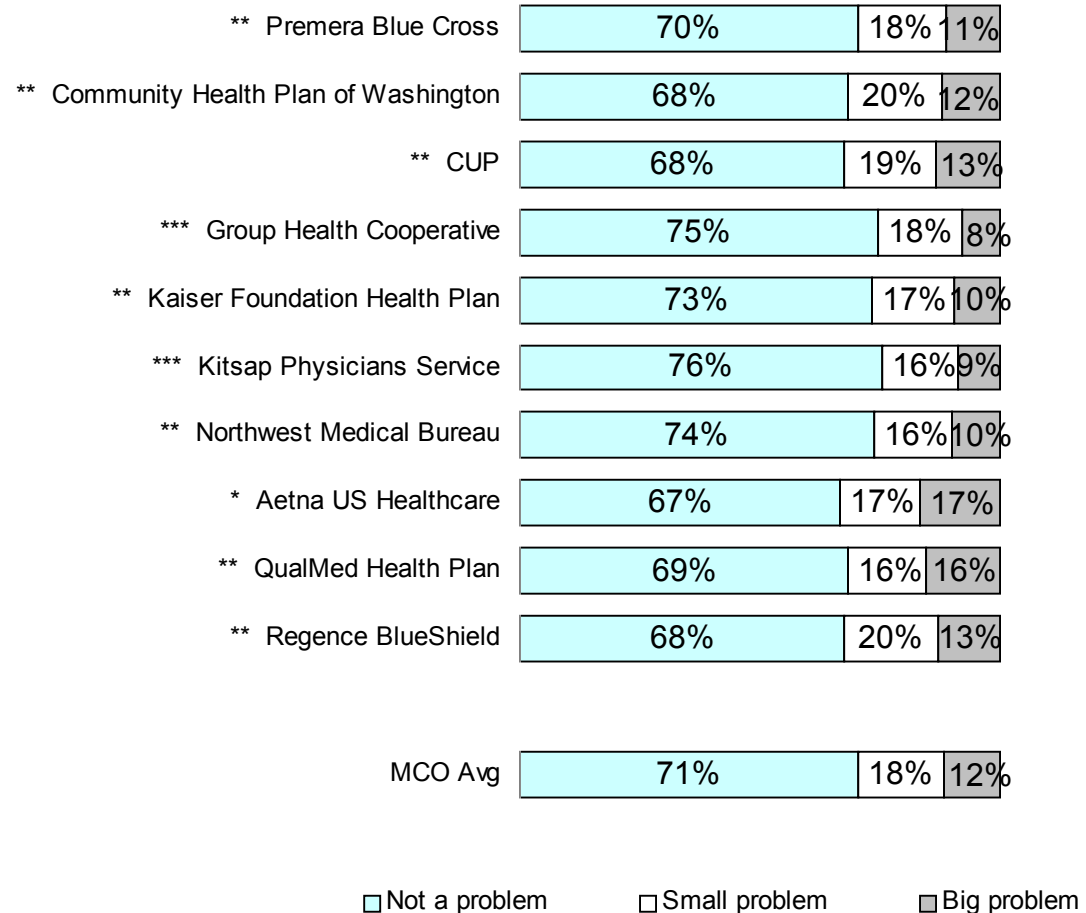
*** **Better** than *survey average*

** **Average**

* **Below** *survey average*

Note: The bar graph represents raw percentages of responses for all questions contributing to the composite. Star ratings represent relative ratings of overall MCO means, adjusted for age and health status. These two different figures may not always be consistent due to these adjustments.

Getting care that is needed



Healthy Options Adult

Composite Measure 2: Getting care without long waits

Four survey questions asked respondents *how often* they:

- ☐ Got the help or advice they needed when they called the doctor's office
- ☐ Got an appointment as soon as they wanted for routine or regular care
- ☐ Got care as soon as they wanted for an illness or injury
- ☐ Waited 15 minutes or less in the waiting room

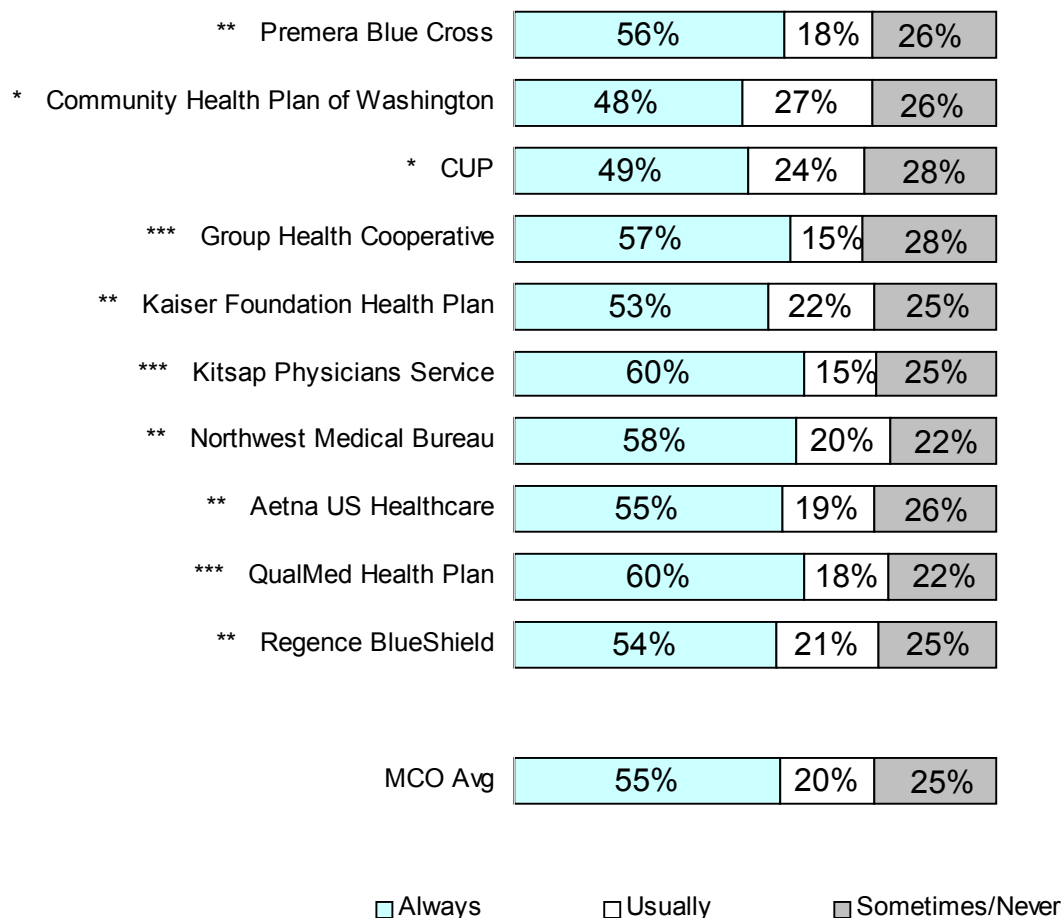
*** **Better** than *survey average*

** **Average**

* **Below** *survey average*

Note: The bar graph represents raw percentages of responses for all questions contributing to the composite. Star ratings represent relative ratings of overall MCO means, adjusted for age and health status. These two different figures may not always be consistent due to these adjustments.

Getting care without long waits



Healthy Options Adult

Composite Measure 3: How well doctors communicated

Four survey questions asked respondents *how often* their doctors or other health care providers:

- ☐ Listened to them carefully
- ☐ Explained things in a way they could understand
- ☐ Showed respect for what they had to say
- ☐ Spent enough time with them

*** **Better** than *survey average*
 ** **Average**
 * **Below** *survey average*

Note: The bar graph represents raw percentages of responses for all questions contributing to the composite. Star ratings represent relative ratings of overall MCO means, adjusted for age and health status. These two different figures may not always be consistent due to these adjustments.

How well doctors communicated

** Premiera Blue Cross	55%	29%	16%
** Community Health Plan of Washington	56%	28%	16%
** CUP	51%	29%	20%
** Group Health Cooperative	55%	29%	16%
* Kaiser Foundation Health Plan	47%	33%	19%
** Kitsap Physicians Service	56%	29%	15%
** Northwest Medical Bureau	59%	24%	17%
** Aetna US Healthcare	56%	28%	16%
** QualMed Health Plan	58%	24%	18%
** Regence BlueShield	53%	29%	18%

MCO Avg	55%	28%	17%
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☐ Always ☐ Usually ☐ Sometimes/Never

Healthy Options Adult

Composite Measure 4: Courtesy, respect, and helpfulness of office staff

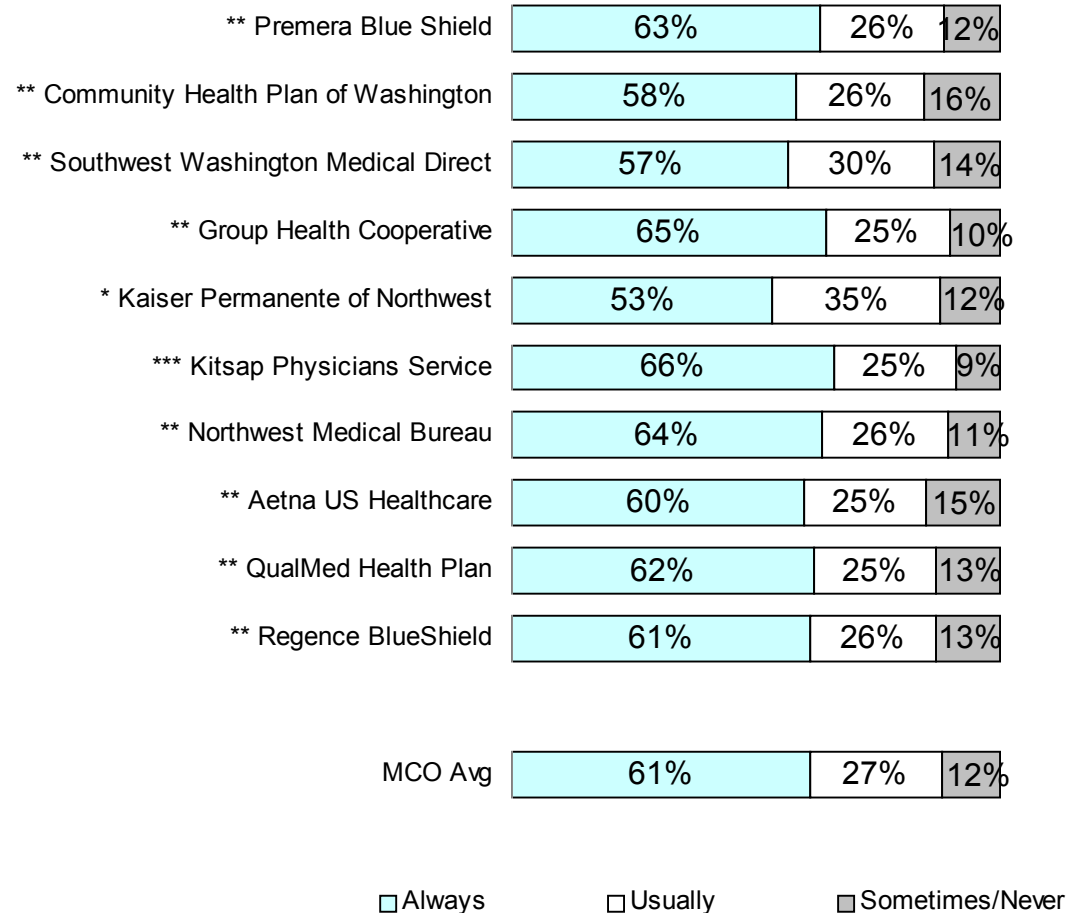
Two survey questions asked respondents *how often* staff at their doctor's office:

- ☐ Treated them with courtesy and respect
- ☐ Were as helpful as they should be

*** **Better** than *survey average*
 ** **Average**
 * **Below** *survey average*

Note: The bar graph represents raw percentages of responses for all questions contributing to the composite. Star ratings represent relative ratings of overall MCO means, adjusted for age and health status. These two different figures may not always be consistent due to these adjustments.

Courtesy, respect, and helpfulness of office staff



Healthy Options Adult

Composite Measure 5: Health plan's customer service and paperwork

Two survey questions asked respondents *if they had problems*:

- ☐ Getting the help they needed when they called the health plan's customer office
- ☐ Paperwork related to getting care (such as problems with getting their health plan ID card or having their medical records changed)

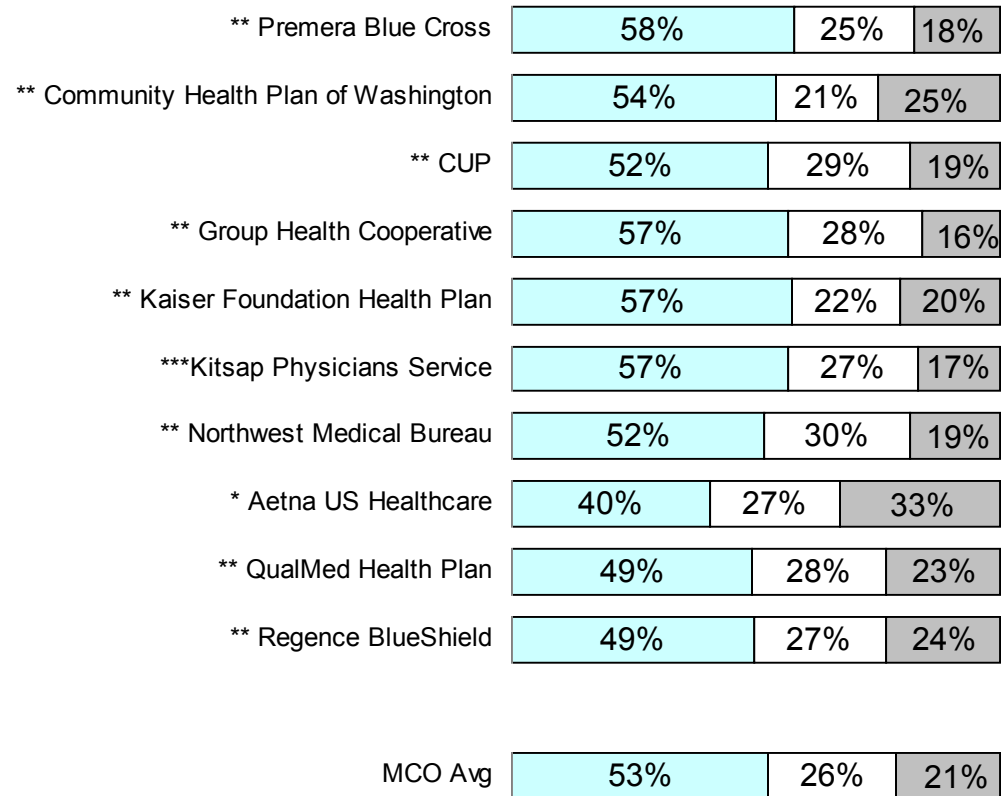
*** **Better** than survey average

** **Average**

* **Below** survey average

Note: The bar graph represents raw percentages of responses for all questions contributing to the composite. Star ratings represent relative ratings of overall MCO means, adjusted for age and health status. These two different figures may not always be consistent due to these adjustments.

Health plan's customer service and paperwork



☐ Not a problem

☐ Small problem

☐ Big problem

Healthy Options Adult

Single Item Measure

Question 4

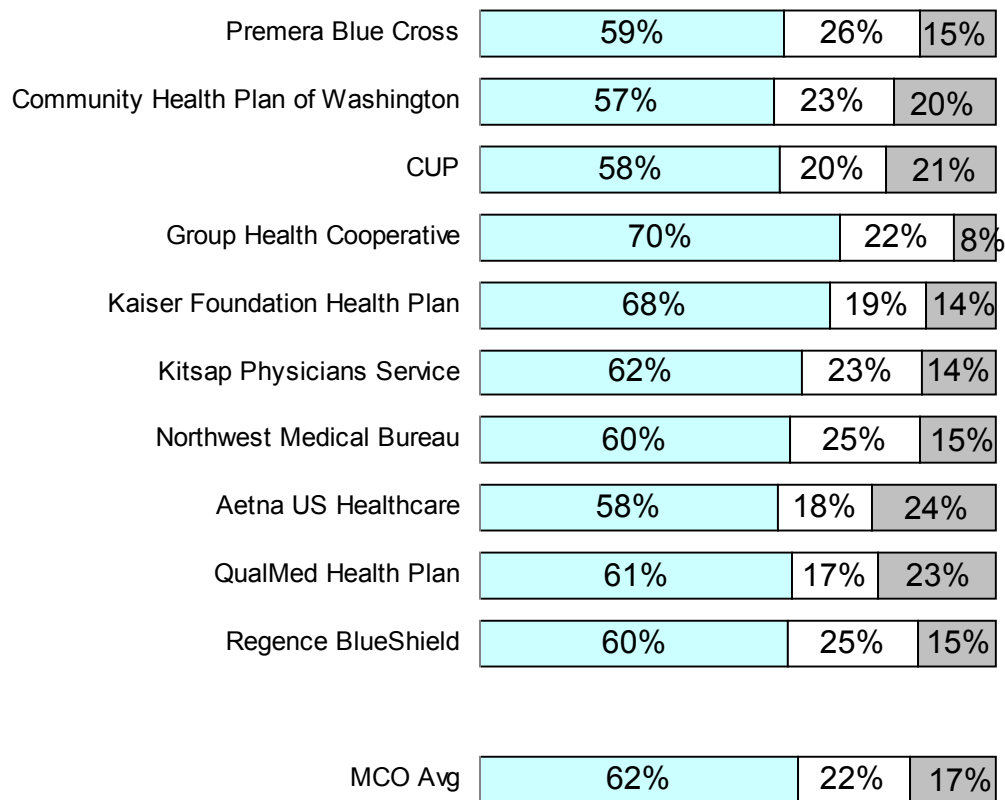
Survey respondents were asked:

“With the choices your health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?”

Note:

This question was answered by people who indicated they did get a new doctor or nurse when they joined the health plan.

Q4 Finding a doctor you are happy with (N=2,114)



☐ Not a problem

☐ Small problem

☐ Big problem

Healthy Options Adult

Single Item Measure

Question 8

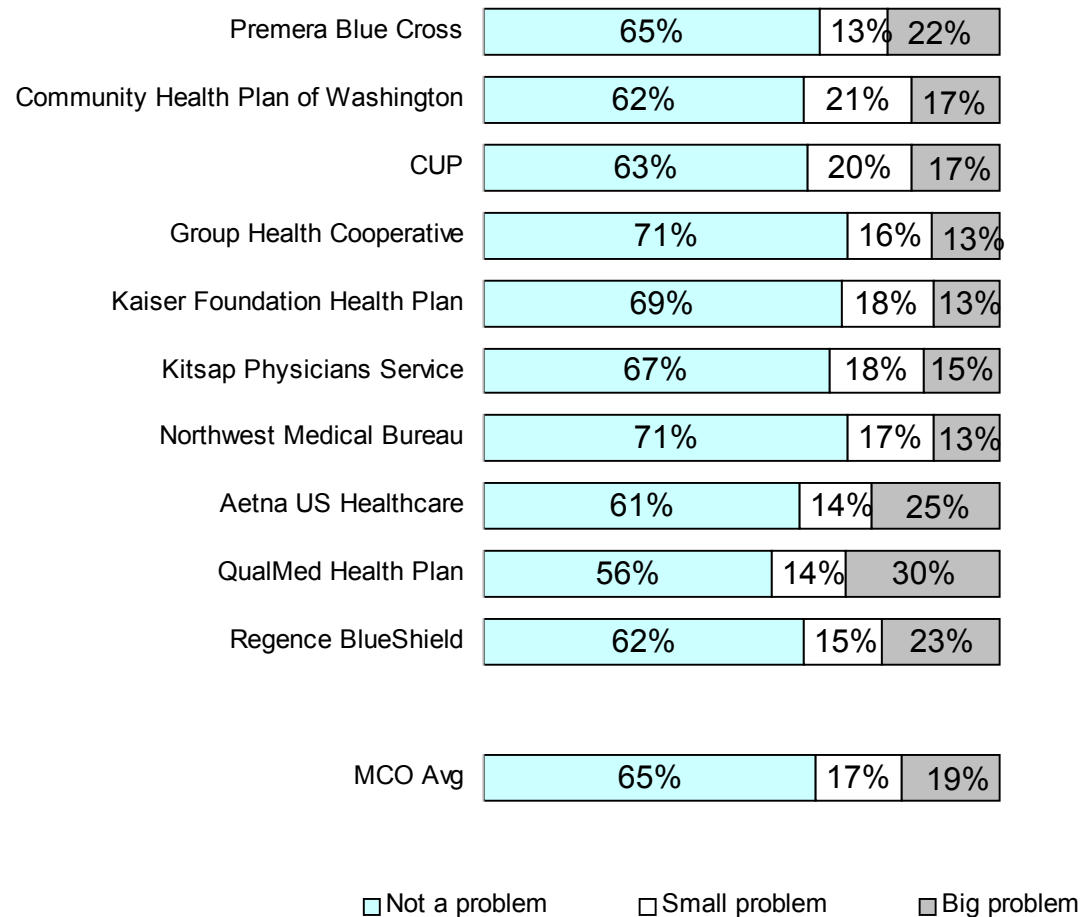
Survey respondents were asked:

“With the choices your health plan gave you, how much of a problem, if any, was it to get a referral to a specialist that you needed to see?”

Note:

This question was answered by people who indicated they needed to see a specialist.

Q8 Problems getting referrals to a specialist (N=1,627)



Healthy Options Adult

Single Item Measure

Question 13

Survey respondents were asked:

“In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed?”

Note:

This question was answered by people who indicated they had called a doctor's office or clinic during regular office hours at least once in the first 6 months of 1998.

Q13 Got the help or advice needed from doctor's office (N=2,930)

Premera Blue Cross	54%	30%	16%
Community Health Plan of Washington	47%	26%	27%
CUP	47%	26%	27%
Group Health Cooperative	57%	30%	13%
Kaiser Foundation Health Plan	52%	27%	21%
Kitsap Physicians Service	59%	26%	15%
Northwest Medical Bureau	60%	20%	21%
Aetna US Healthcare	48%	33%	19%
QualMed Health Plan	57%	24%	19%
Regence BlueShield	52%	27%	21%
MCO Avg	53%	27%	20%

☐ Always

☐ Usually

☐ Sometimes/Never

Healthy Options Adult

Single Item Measure

Question 15

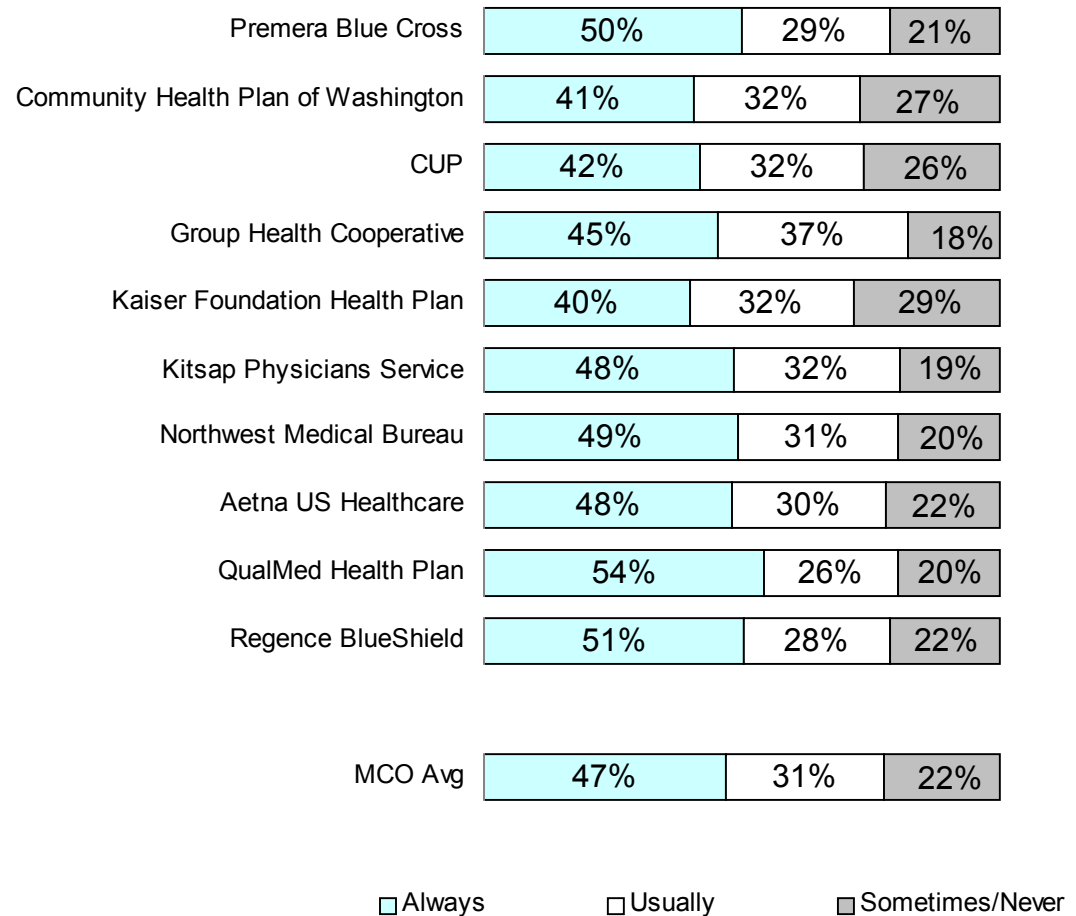
Survey respondents were asked:

“In the last 6 months, how often did you get an appointment for regular or routine health care as soon as you wanted?”

Note:

This question was answered by people who indicated they had made appointments with a doctor or other health provider for regular or routine care in the first 6 months of 1998.

Q15 Got routine care as soon as wanted (N=2,904)



Healthy Options Adult

Single Item Measure

Question 18

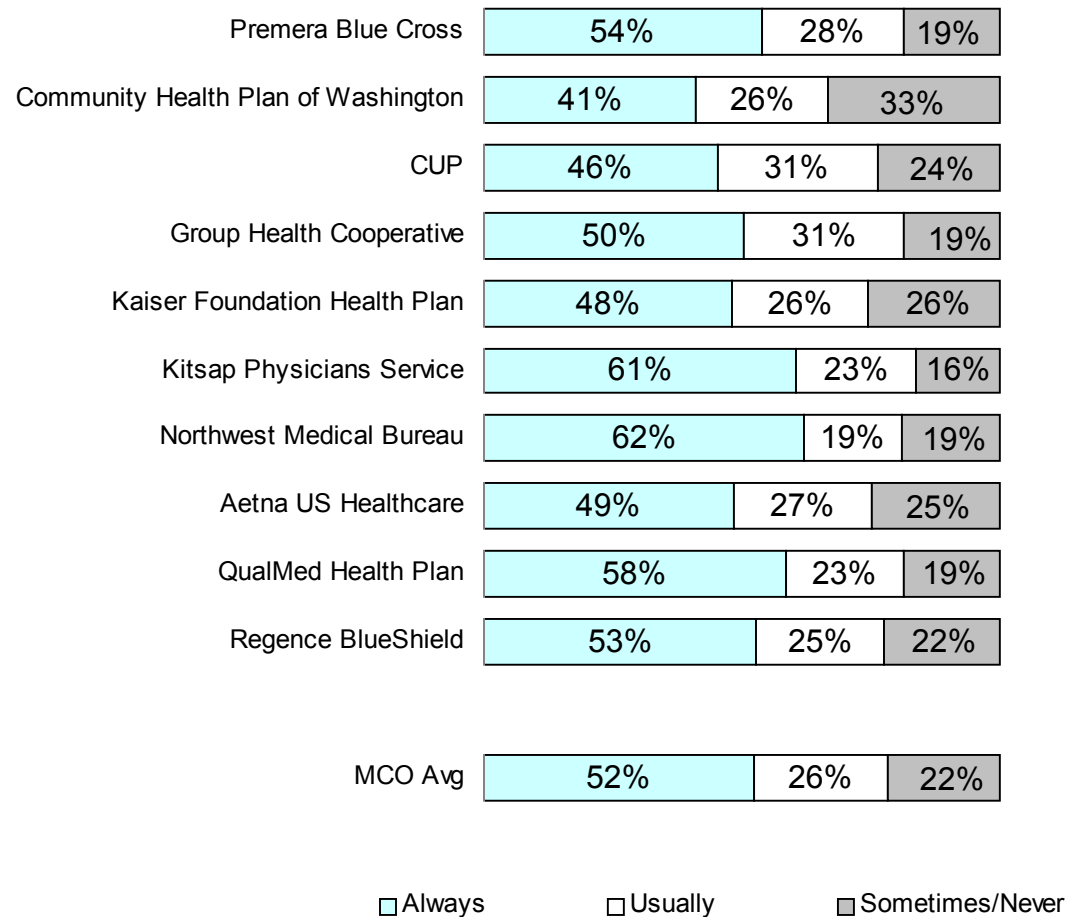
Survey respondents were asked:

“In the last 6 months, when you needed care right away for an illness or injury, how often did you get care as soon as you wanted?”

Note:

This question was answered by people who indicated they had had illness or injury that needed care right away from a doctor's office, clinic, or emergency room in the first 6 months of 1998.

Q18 Got acute care as soon as wanted (N=2,062)



Healthy Options Adult

Single Item Measure

Question 19

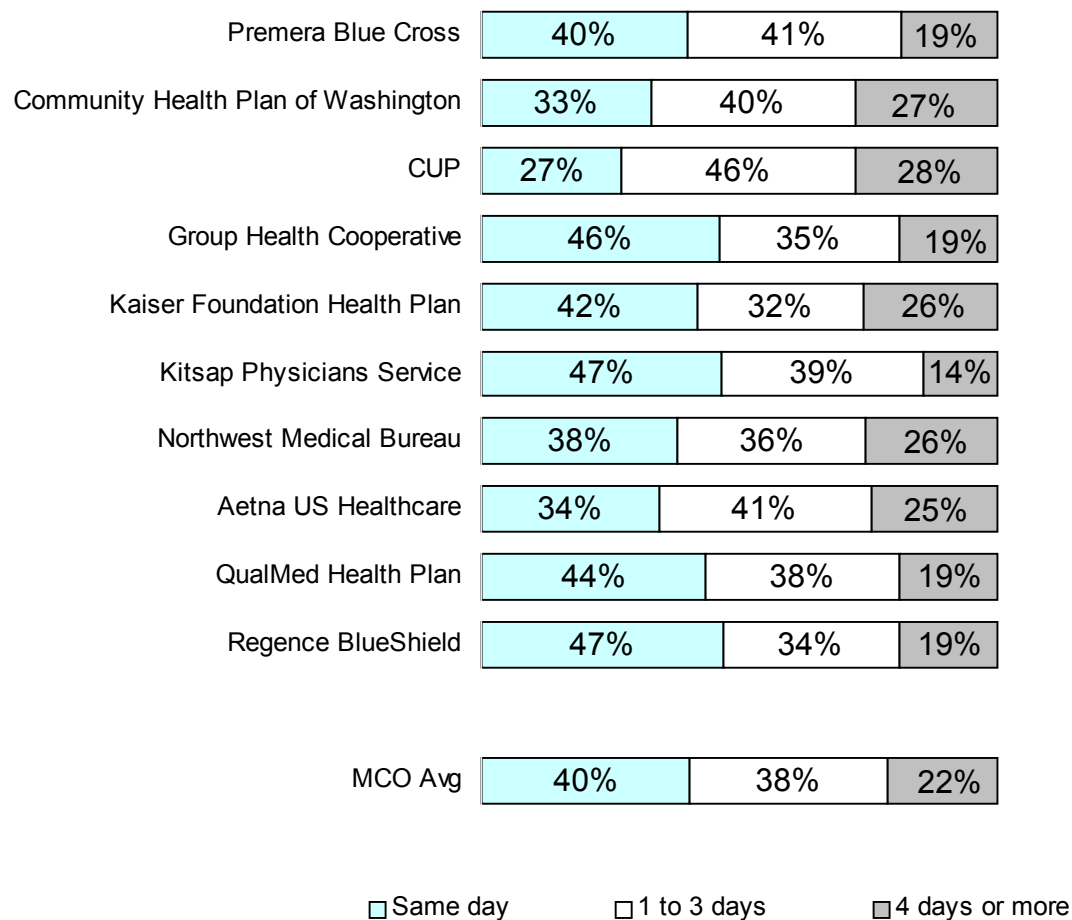
Survey respondents were asked:

“In the last 6 months, how long did you usually have to wait between trying to get care and actually seeing a provider for an illness or injury?”

Note:

This question was answered by people who indicated they had had an illness or injury that needed care right away in the first 6 months of 1998.

Q19 Days waiting for acute care (N=1,989)



Healthy Options Adult

Single Item Measure

Question 22

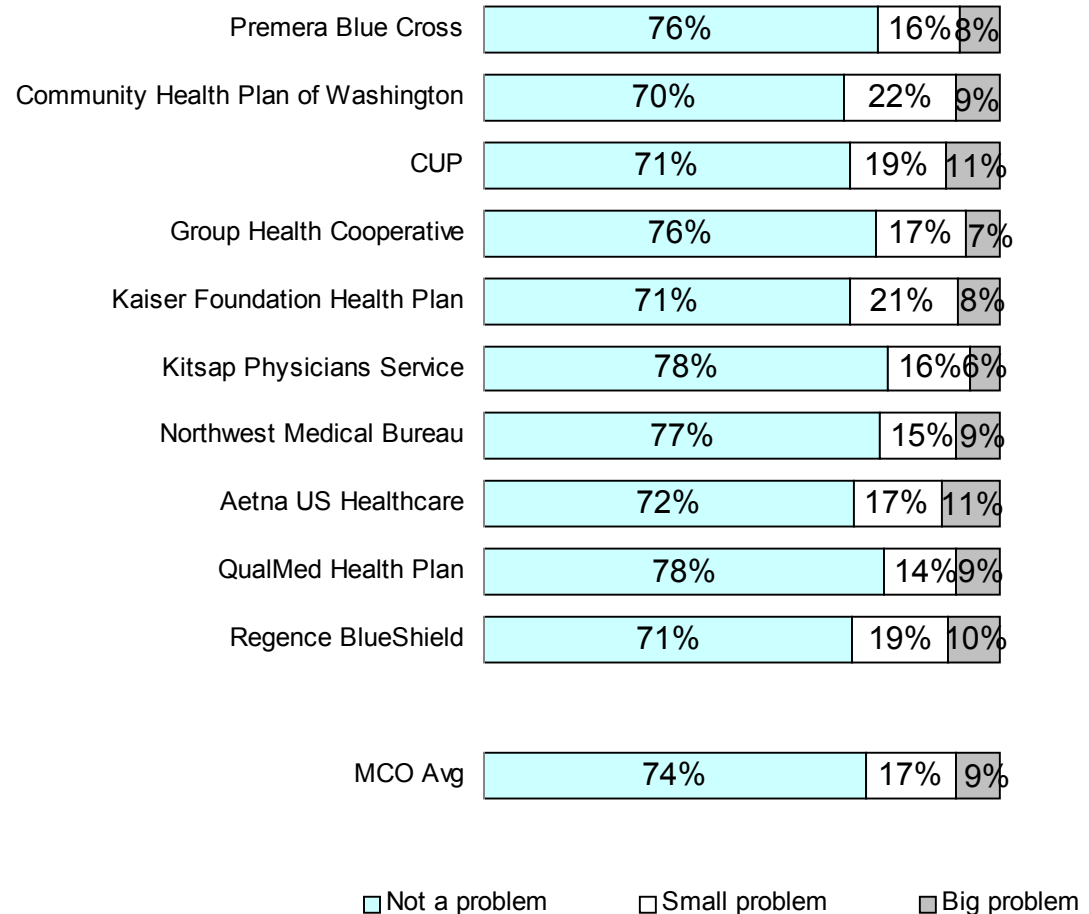
Survey respondents were asked:

“In the last 6 months, how much of a problem, if any, was it to get the care you or a doctor believed necessary?”

Note:

This question was answered by people who indicated they had been to a doctor's office or clinic to get care at least once in the first 6 months of 1998.

Q22 Problems getting necessary care (N=3,331)



Healthy Options Adult

Single Item Measure

Question 23

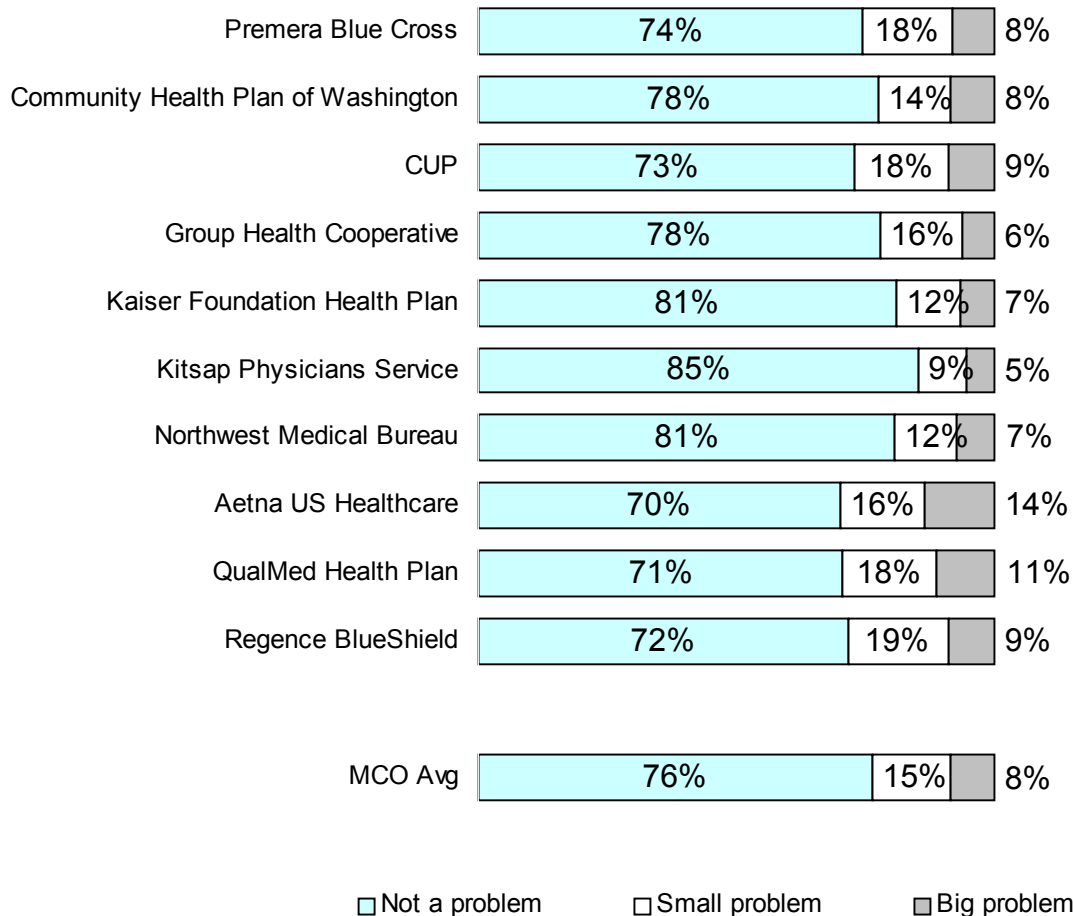
Survey respondents were asked:

“In the last 6 months, how much of a problem, if any, were delays in your health care while you waited for approval by your health plan?”

Note:

This question was answered by people who indicated they had been to a doctor or clinic at least once in the first 6 months of 1998.

Q23 Problems getting care delayed due to approval (N=3,329)



Healthy Options Adult

Single Item Measure

Question 24

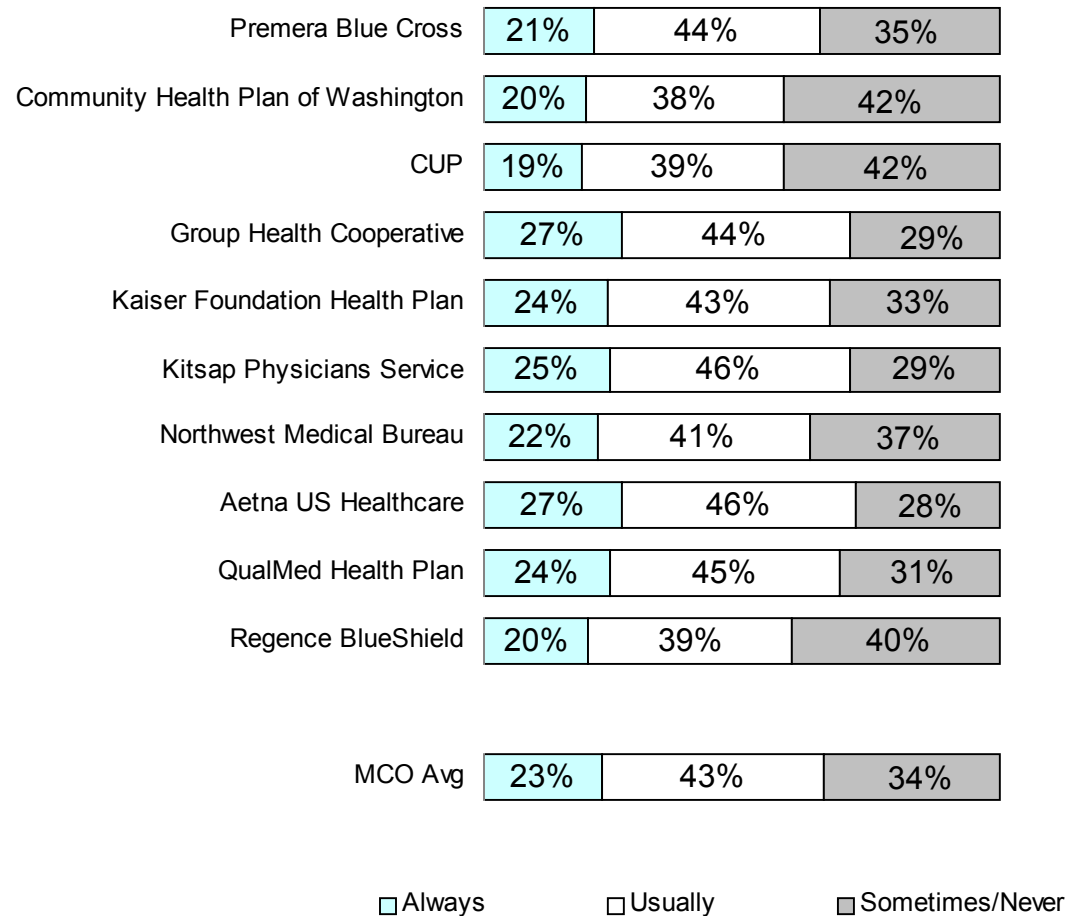
Survey respondents were asked:

“In the last 6 months, how often did you wait in the doctor’s office or clinic more than 15 minutes past your appointment time to see the person you went to see?”

Note:

This question was answered by people who indicated they had been to a doctor’s office or clinic at least once in the first 6 months of 1998.

Q24 Saw the doctor within 15 minutes (N=3,344)



Healthy Options Adult

Single Item Measure

Question 25

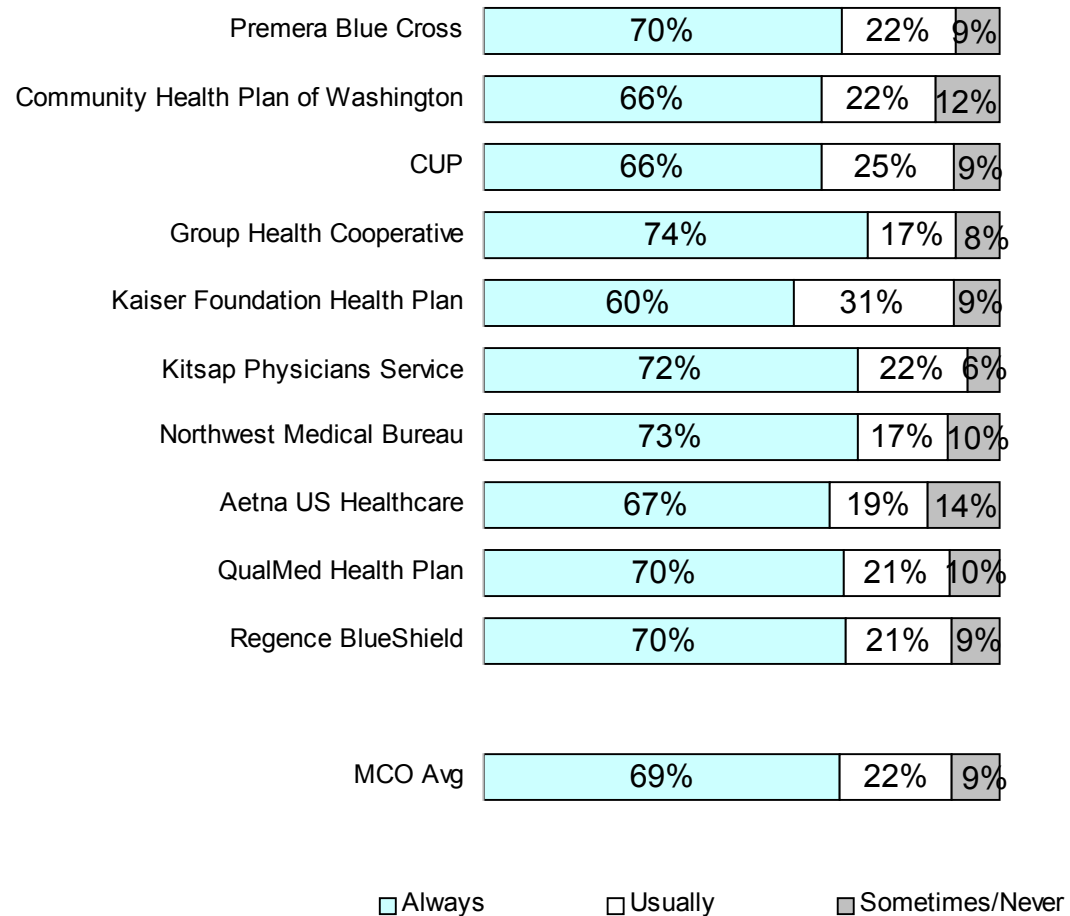
Survey respondents were asked:

“In the last 6 months, how often did office staff at a doctor’s office or clinic treat you with courtesy and respect?”

Note:

This question was answered by people who indicated they had been to a doctor’s office or clinic at least once in the first 6 months of 1998.

Q25 Courtesy and respect from office staff at doctor's office (N=3,345)



Healthy Options Adult

Single Item Measure

Question 26

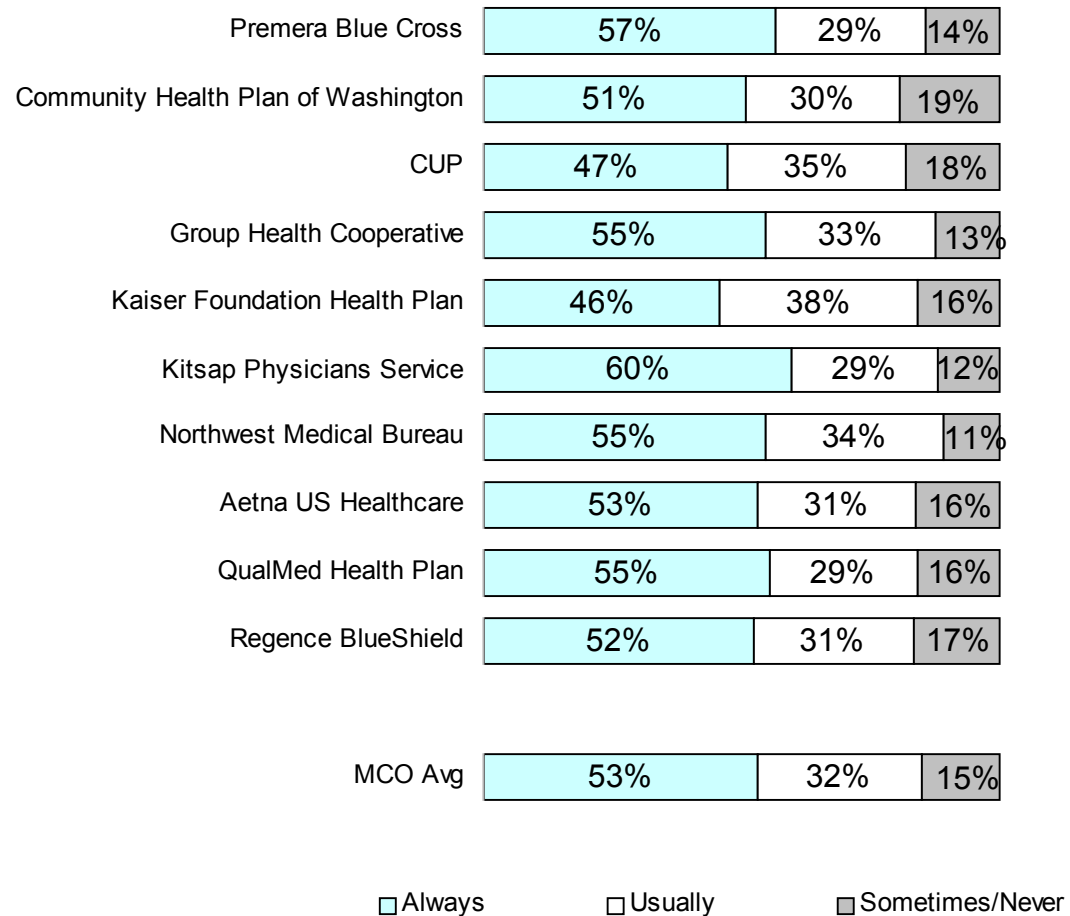
Survey respondents were asked:

“In the last 6 months, how often were office staff at a doctor’s office or clinic as helpful as you thought they should be?”

Note:

This question was answered by people who indicated they had been to a doctor’s office or clinic at least once in the first 6 months of 1998.

Q26 Office staff at doctor's office were helpful (N=3,360)



Healthy Options Adult

Single Item Measure

Question 27

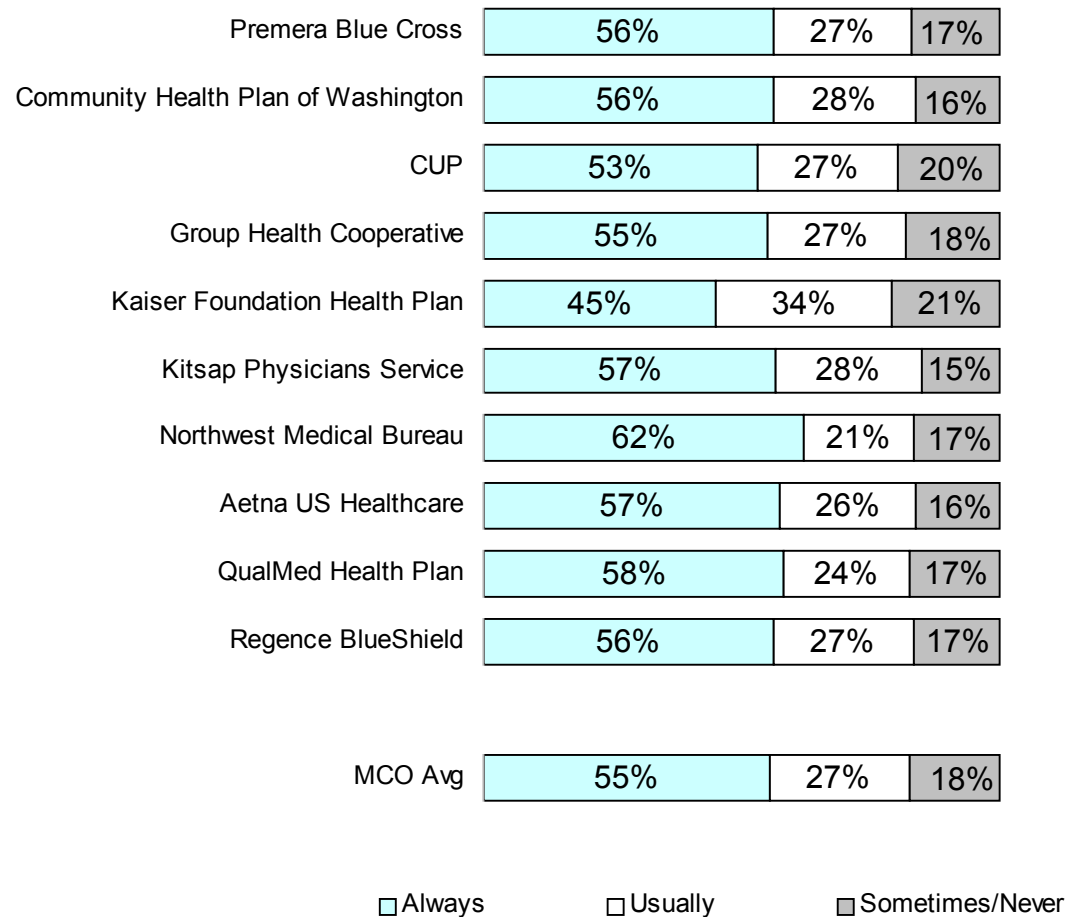
Survey respondents were asked:

“In the last 6 months, how often did doctors or other health providers listen carefully to you?”

Note:

This question was answered by people who indicated they had been to a doctor's office or clinic at least once in the first 6 months of 1998.

Q27 Doctors listened carefully to you (N=3,363)



Healthy Options Adult

Single Item Measure

Question 29

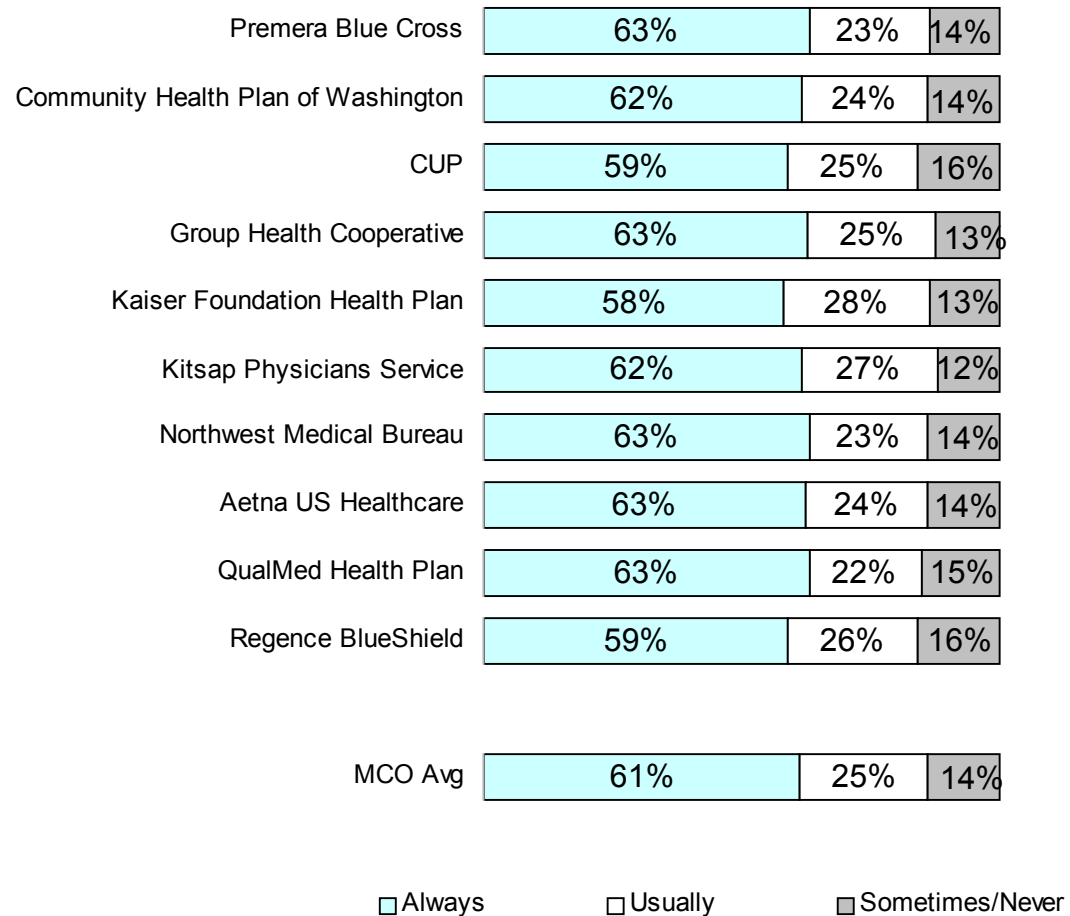
Survey respondents were asked:

“In the last 6 months, how often did doctors or other health providers explained things in a way you could understand?”

Note:

This question was answered by people who indicated they had been to a doctor's office or clinic at least once in the first 6 months of 1998.

Q29 Doctors explained things in a way you could understand (N=3,360)



Healthy Options Adult

Single Item Measure

Question 30

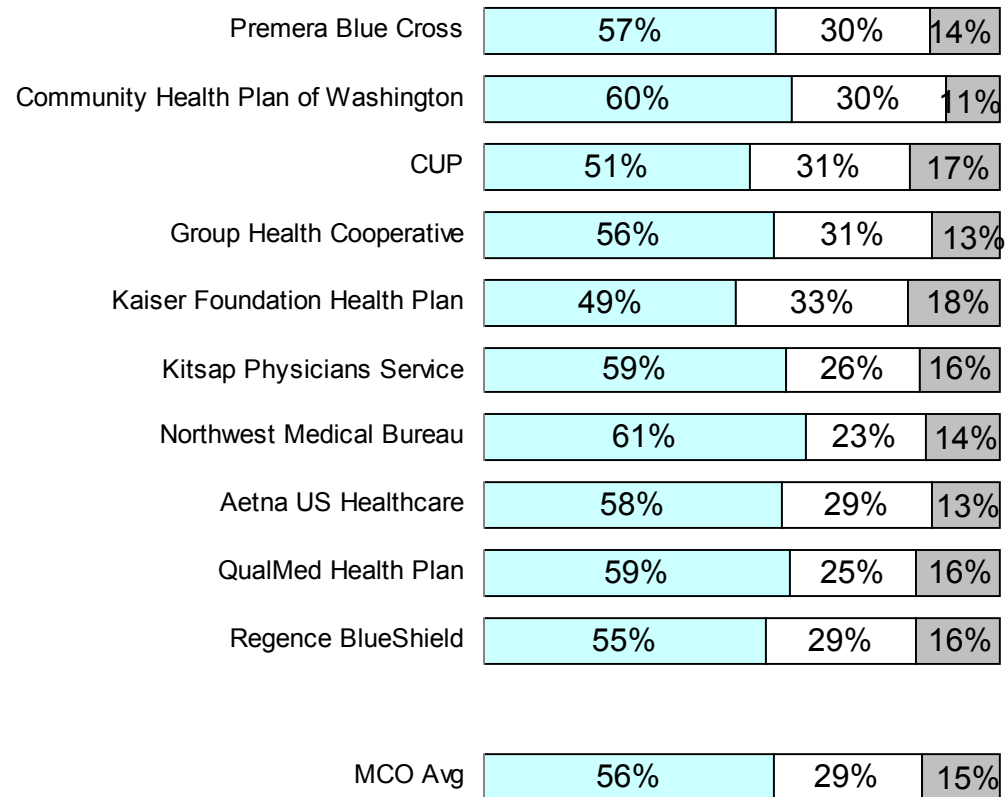
Survey respondents were asked:

“In the last 6 months, how often did doctors or other health providers show respect for what you had to say?”

Note:

This question was answered by people who indicated they had been to a doctor's office or clinic at least once in the first 6 months of 1998.

Q30 Doctors showed respect for what you had to say (N=3,356)



Always

Usually

Sometimes/Never

Healthy Options Adult

Single Item Measure

Question 31

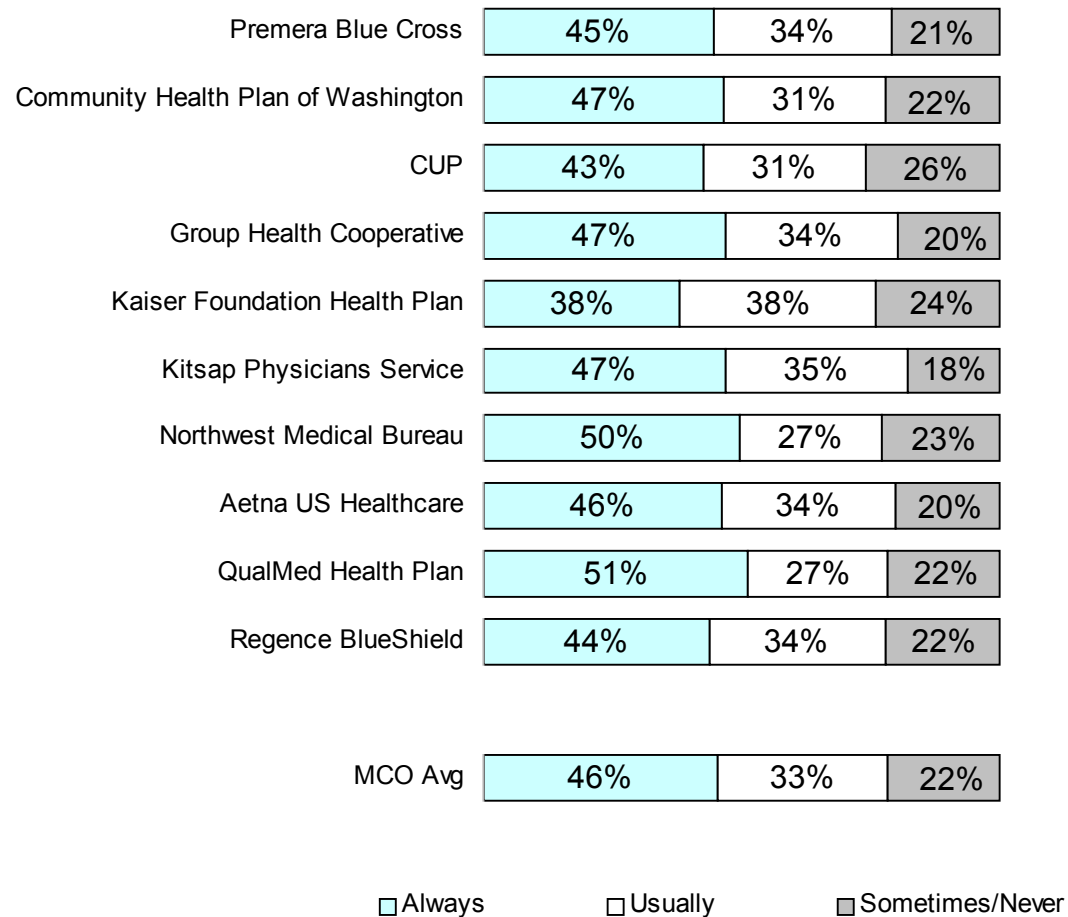
Survey respondents were asked:

“In the last 6 months, how often did doctors or other health providers spend enough time with you?”

Note:

This question was answered by people who indicated they had been to a doctor's office or clinic at least once in the first 6 months of 1998.

Q31 Doctors spent enough time with you (N=3,360)



Healthy Options Adult

Single Item Measure

Question 33

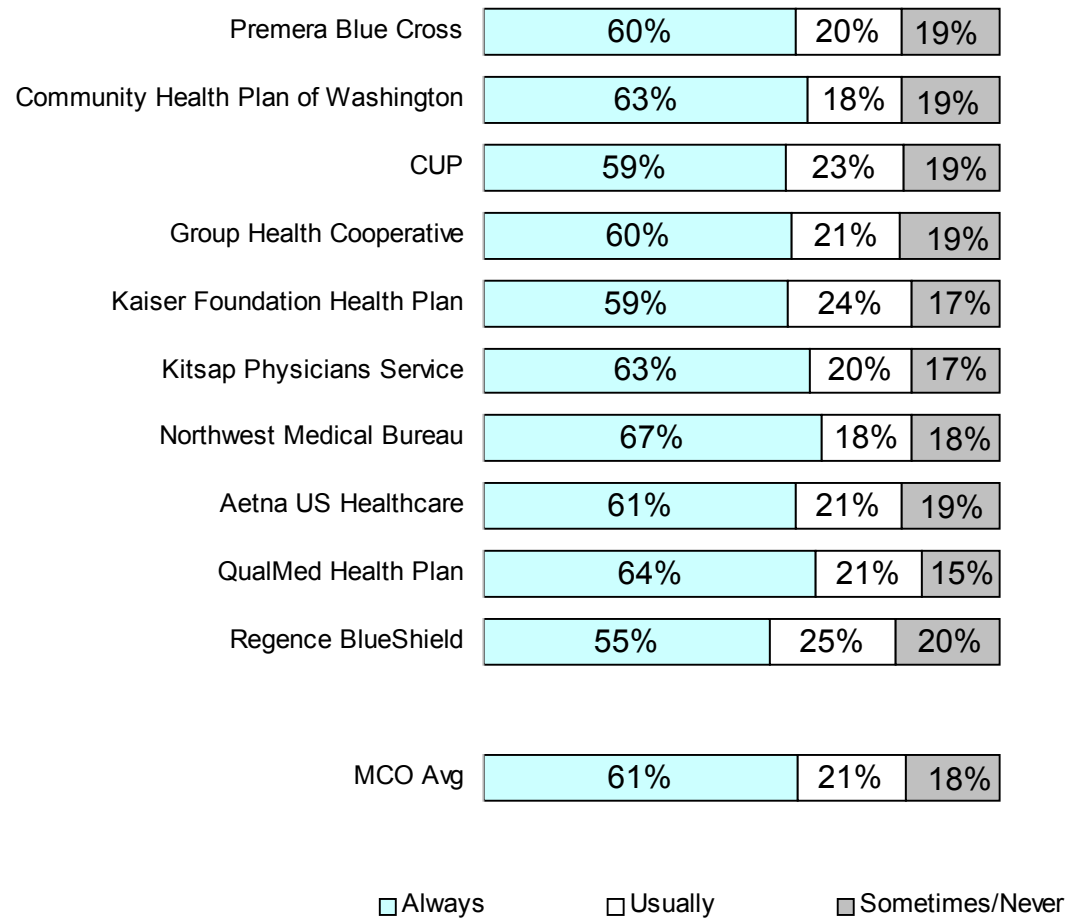
Survey respondents were asked:

“In the last 6 months, how often were you involved as much as you wanted in these decisions about your health care?”

Note:

This question was answered by people who indicated decisions had been made about their health care in the first 6 months of 1998.

Q33 Patients involved as much as wanted in own care decisions (N=1,967)



Healthy Options Adult

Single Item Measure

Question 46

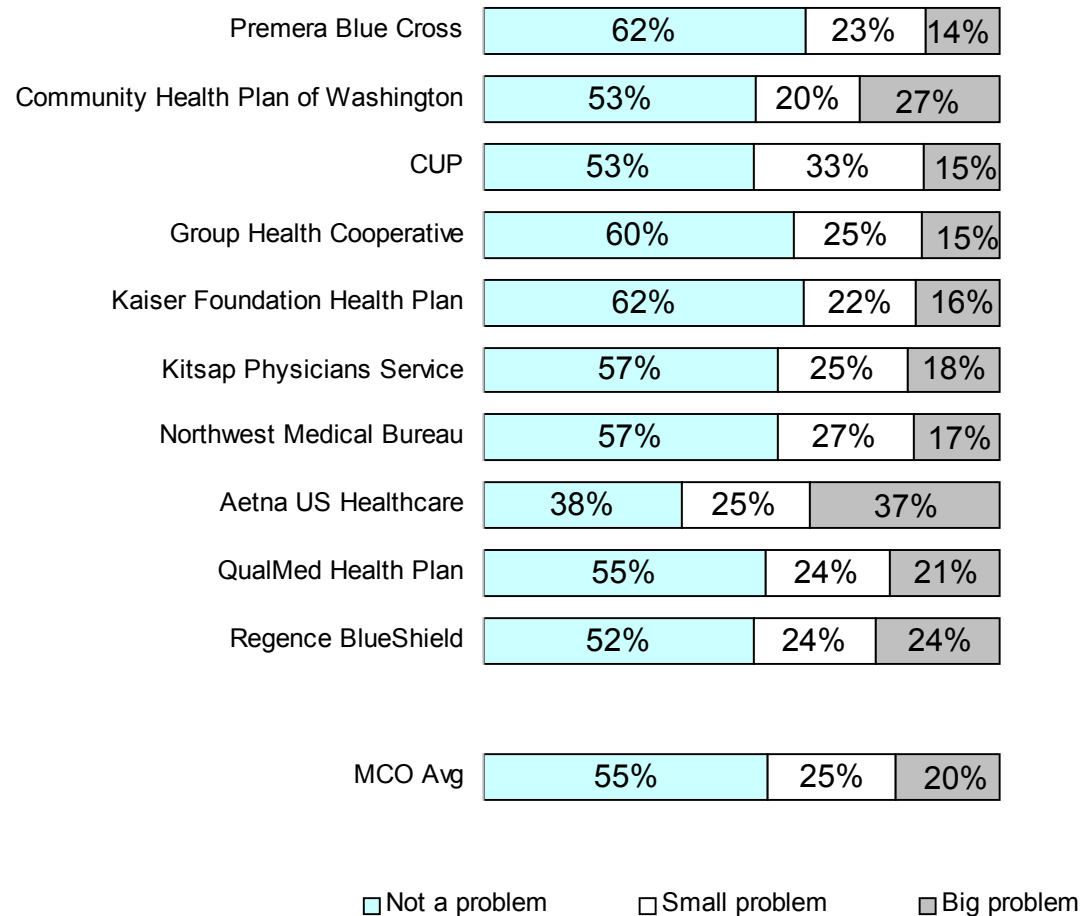
Survey respondents were asked:

“In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called your health plan’s customer service?”

Note:

This question was answered by people who indicated they had called health plan’s customer service in the first 6 months of 1998.

Q46 Problems getting help needed from health plan's customer service (N=1,620)



Healthy Options Adult

Single Item Measure

Question 52

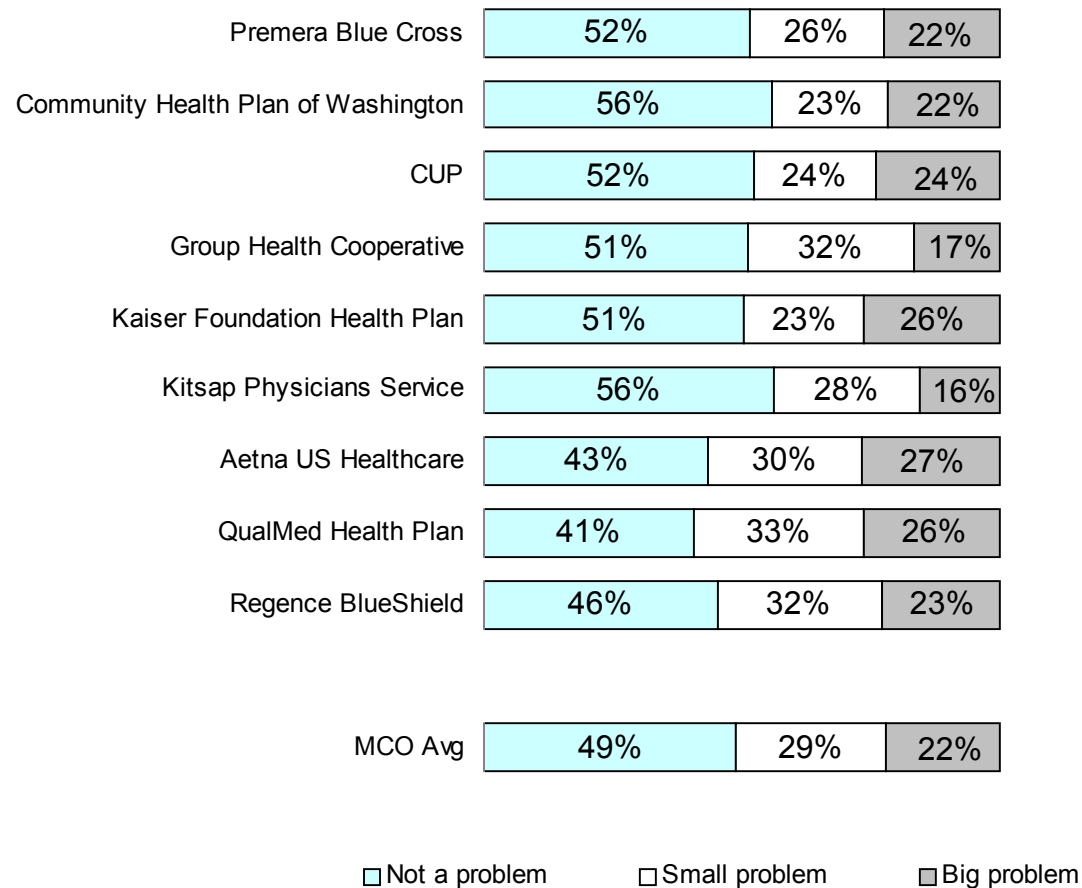
Survey respondents were asked:

“In the last 6 months, how much of a problem, if any, did you have with paperwork for your health plan?”

Note:

This question was answered by people who indicated they had had some experience with paperwork for their health plans in the first 6 months of 1998.

Q52 Problems with health plan's paperwork (N=1,051)



Results are not reported for Northwest Medical Bureau due to small number of responses (N<85) to this question for the plan.

Healthy Options Adult

Single Item Measure

Question 55

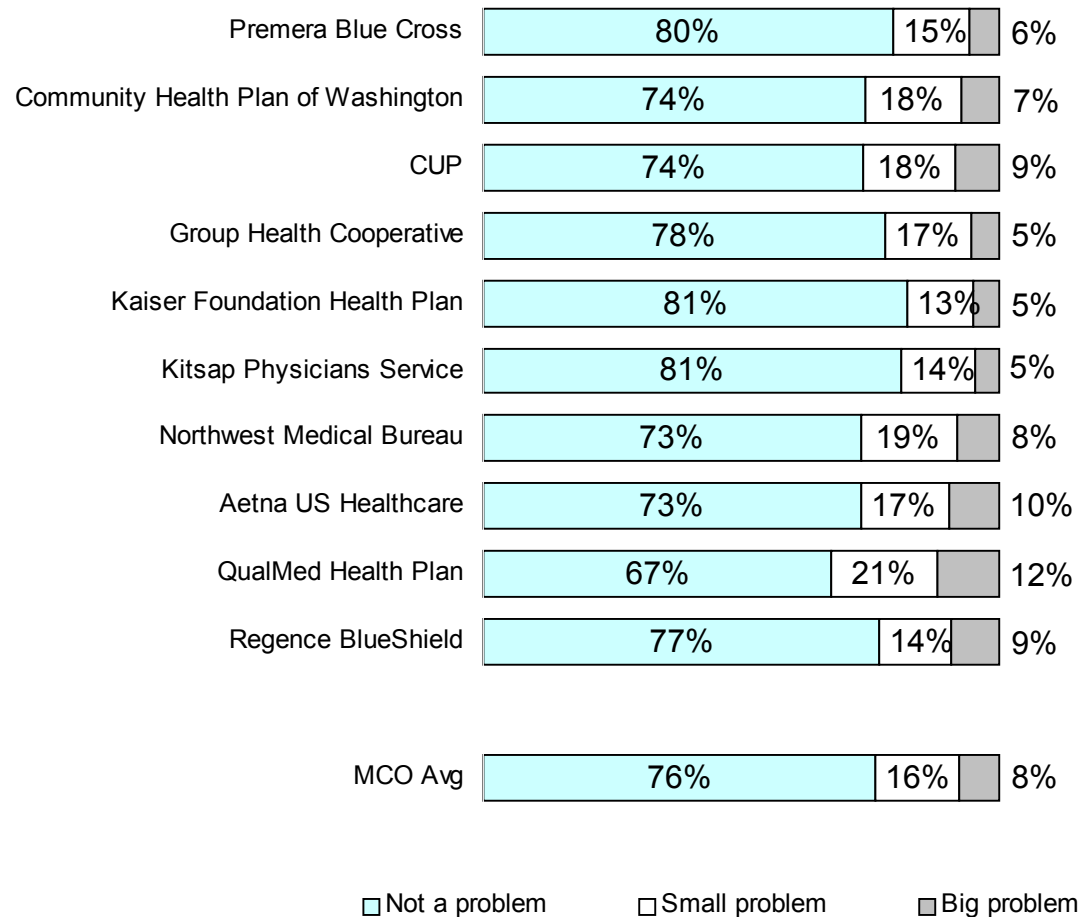
Survey respondents were asked:

“In the last 6 months, how much of a problem, if any, was it to get your prescription medicine at the drug store or pharmacy?”

Note:

This question was answered by people who indicated they did get a new prescription or had a prescription refilled in the first 6 months of 1998.

Q55 Problems getting prescription medicine (N=3,211)



Here are the summary results for:

HO Adults' Care

*** Better than *survey average*
 ** Average
 * Below *survey average*

Health Plan	Getting care that is needed	Getting care without long waits	How well doctors communicated	Courtesy, respect, and helpfulness of office staff	Health plan's customer service and paperwork
Premiera Blue Cross	**	**	**	**	**
Community Health Plan of Washington	**	*	**	**	**
CUP	**	*	**	**	**
Group Health Cooperative	***	***	**	**	**
Kaiser Foundation Health Plan	**	**	*	*	**
Kitsap Physicians Service	***	***	**	***	***
Northwest Medical Bureau	**	**	**	**	**
Aetna US Healthcare	*	**	**	**	*
QualMed Health Plan	**	***	**	**	**
Regence BlueShield	**	**	**	**	**

Survey results – FFS children's care

FFS Children

Overall Ratings

Ratings of personal doctor, specialist, health care, and Medical Assistance

On a scale from:

“0” = worst possible

to

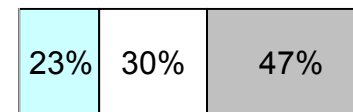
“10” = best possible

Note:

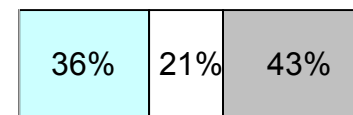
- ❑ Q6 was answered by people who indicated their children had a personal doctor or nurse.
- ❑ Q10 was answered by people whose children had seen a specialist.

Overall ratings

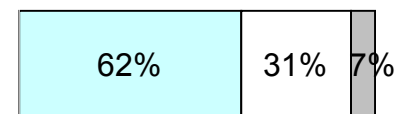
Q6 Rate your personal
doctor/nurse



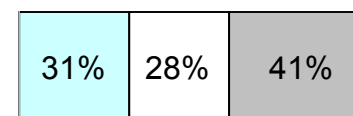
Q10 Rate your specialist



Q37 Rate your health care



Q59 Rate Medical
Assistance



❑ 0 thru 7 ❑ 8 or 9 ❑ 10

FFS Children

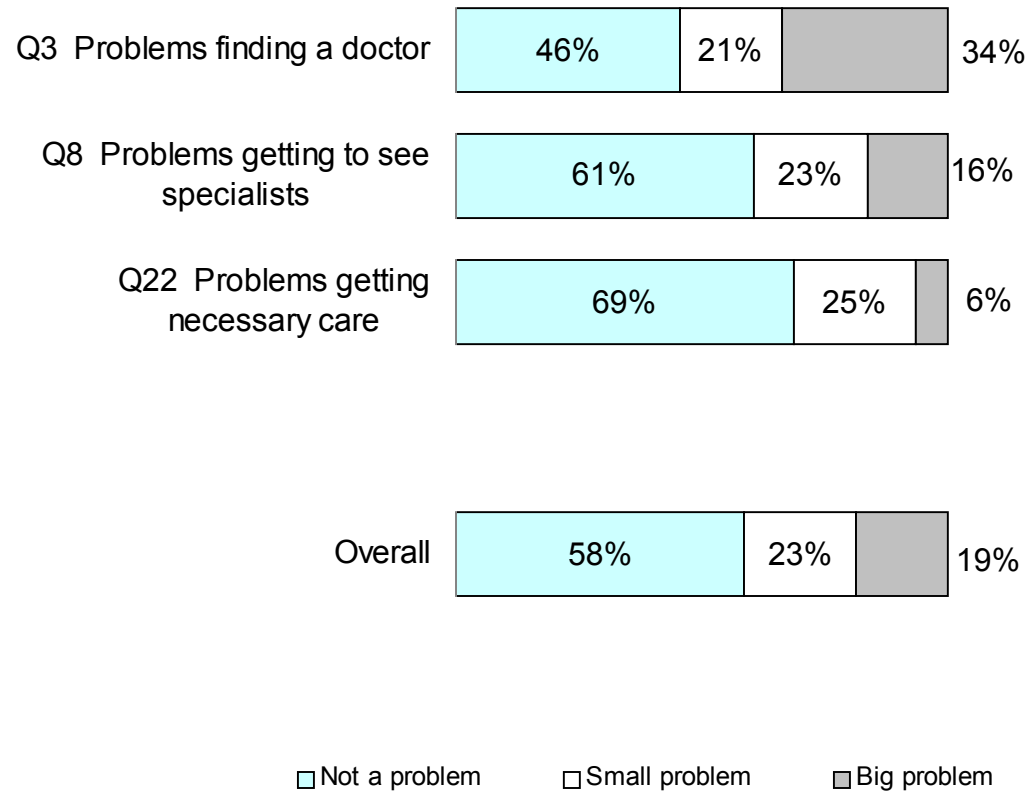
Composite Measure1:

Getting care that is needed

The bar graph shows responses to three survey questions that asked parents *if they had problems*:

- ☐ Finding a personal doctor they are happy with
- ☐ Getting to see specialists
- ☐ Getting necessary care

Getting care that is needed



FFS Children

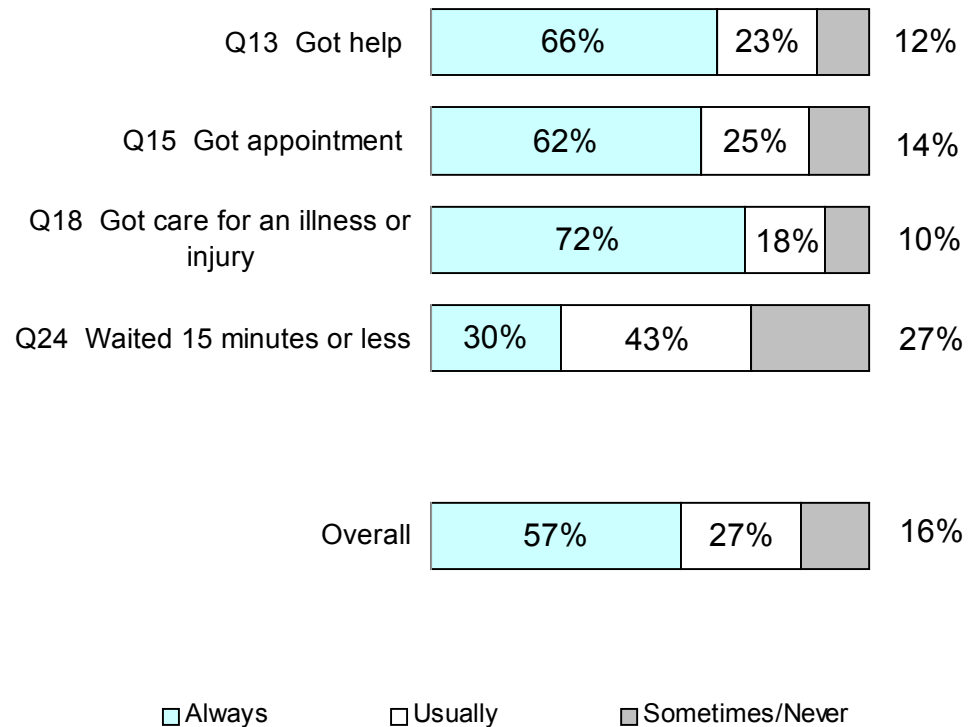
Composite Measure 2:

Getting care without long waits

The bar graph shows responses to four survey questions that asked parents *how often* they:

- ❑ Got the help or advice they needed when they called the doctor's office
- ❑ Got an appointment as soon as they wanted for routine or regular care
- ❑ Got care as soon as they wanted for an illness or injury
- ❑ Waited 15 minutes or less in the waiting room

Getting care without long waits



FFS Children

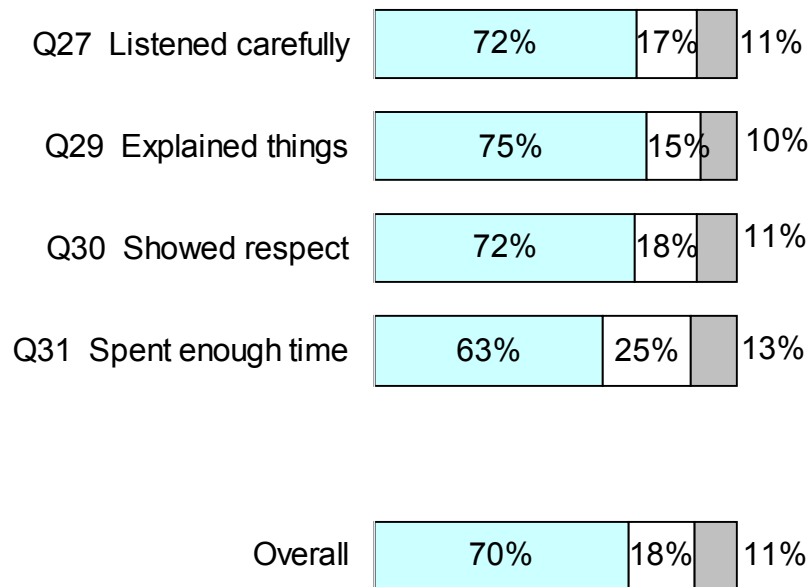
Composite Measure 3:

Doctors who communicate well with their patients

The bar graph shows responses to four survey questions that asked parents *how often* their children's doctor or other health professional:

- ☐ Listened to them carefully
- ☐ Explained things in a way they could understand
- ☐ Showed respect for what they had to say
- ☐ Spent enough time with their children

How well doctors communicated



☐ Always ☐ Usually ☐ Sometimes/Never

FFS Children

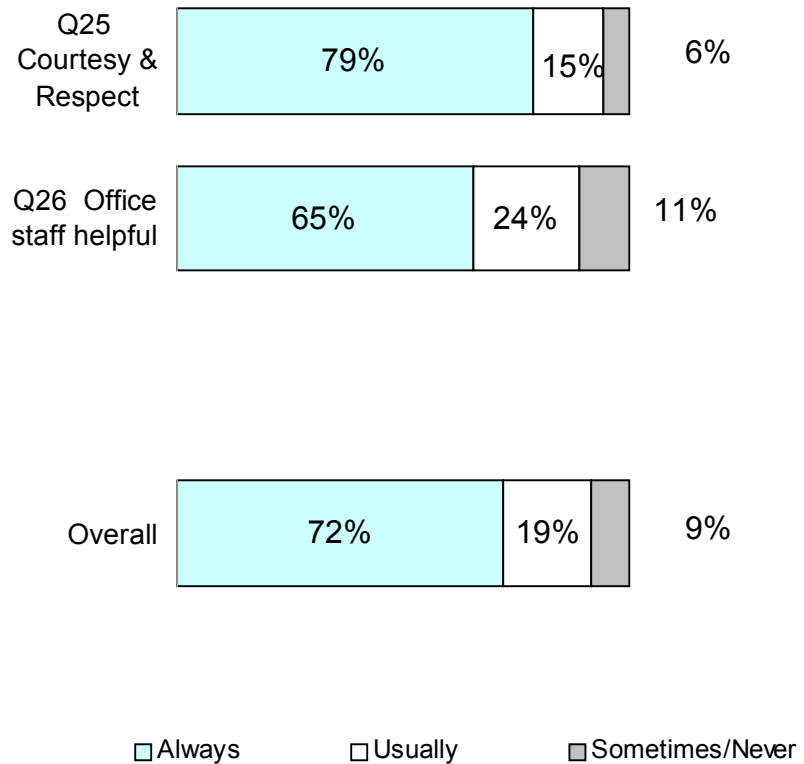
Composite Measure 4

Courtesy, respect, and helpfulness of medical office staff

The bar graph shows responses to two survey questions that asked parents *how often* the office staff at their children's doctor's office or clinic:

- ☐ Treated them with courtesy and respect
- ☐ Were as helpful as they thought the staff should be

Courtesy, respect, and helpfulness of office staff



FFS Children

Composite Measure 5

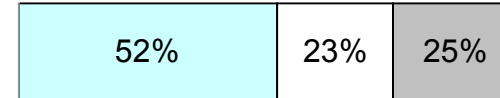
DSHS customer service and paperwork

The bar graph shows responses to two survey questions that asked people *if they had problems with*:

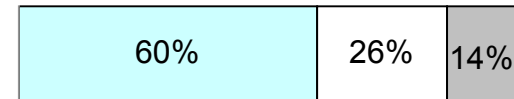
- ❑ Getting the help they needed when they called Medical Assistance customer service or toll free line
- ❑ Paperwork related to getting care (such as getting their DSHS ID card or having their medical record changed)

DSHS customer service and paperwork

Q52 Problems with customer service



Q58 Problems with paperwork



Overall



❑ Not a problem

❑ Small problem

❑ Big problem

Note:

Q52 was answered by respondents who indicated they had called Medical Assistance customer service in the first 6 months of 1998.

Q58 was answered by respondents who indicated they had had some experience with DSHS paperwork for their child in the first 6 months of 1998.

FFS Children

Single Item Measure

Question 19

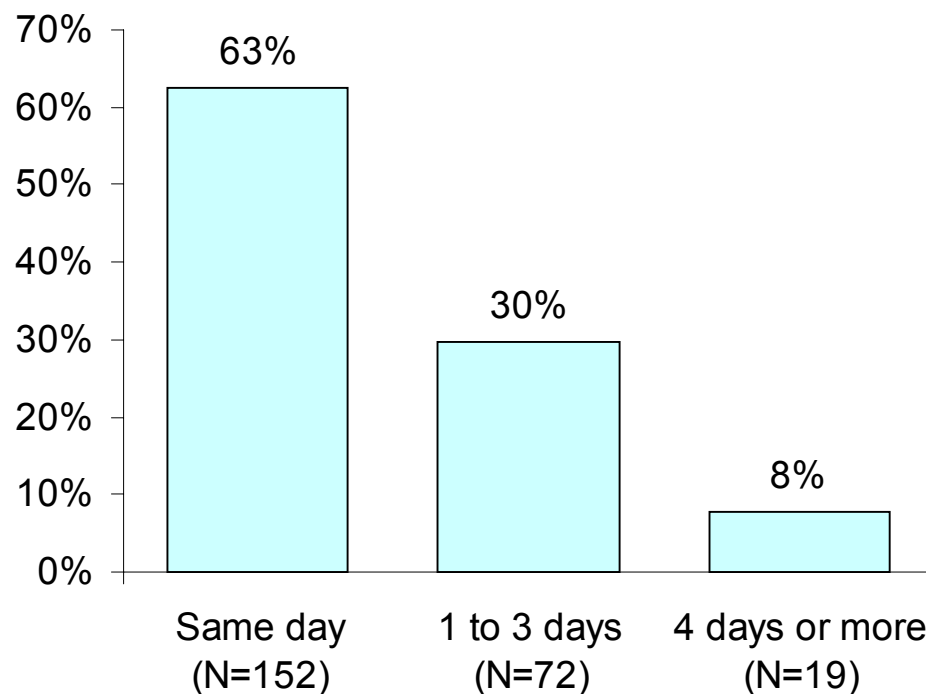
Survey respondents were asked:

“In the last 6 months, how many days did your child usually have to wait between trying to get care and actually seeing a provider for an illness or injury?”

Note:

This question was answered by people who indicated their child had an illness or injury that needed care right away in the first 6 months of 1998.

Q19 Days waiting for acute care (N=243)



FFS Children

Single Item Measure

Question 32

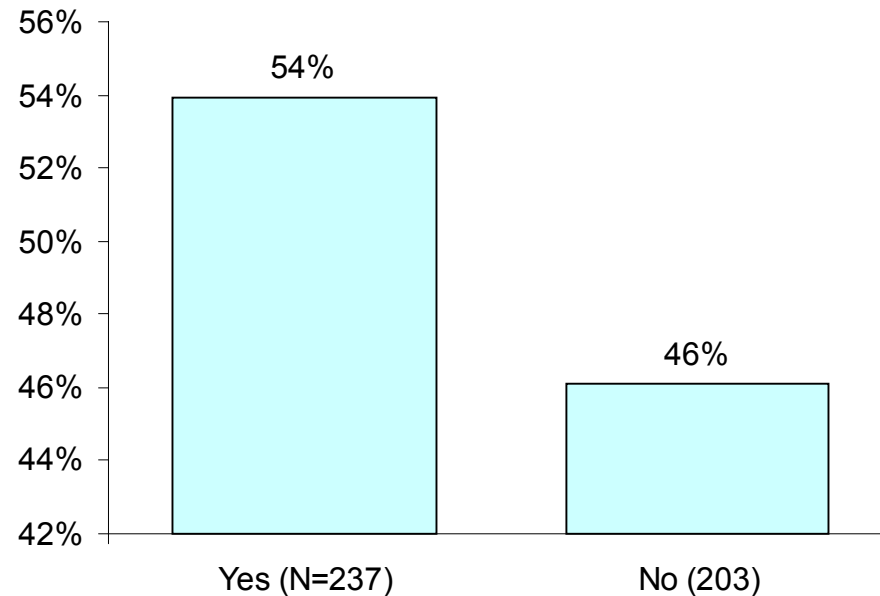
Survey respondents were asked:

“In the last 6 months, have any of your child’s doctors or other health providers talked with you about skills you need to take care of your child?”

Note:

This question was answered by people who indicated they had taken their child to a doctor’s office or clinic in the first 6 months of 1998.

Q32 Doctors talked with parents about skills needed to take care of child (N=440)



FFS Children

Single Item Measure

Question 33

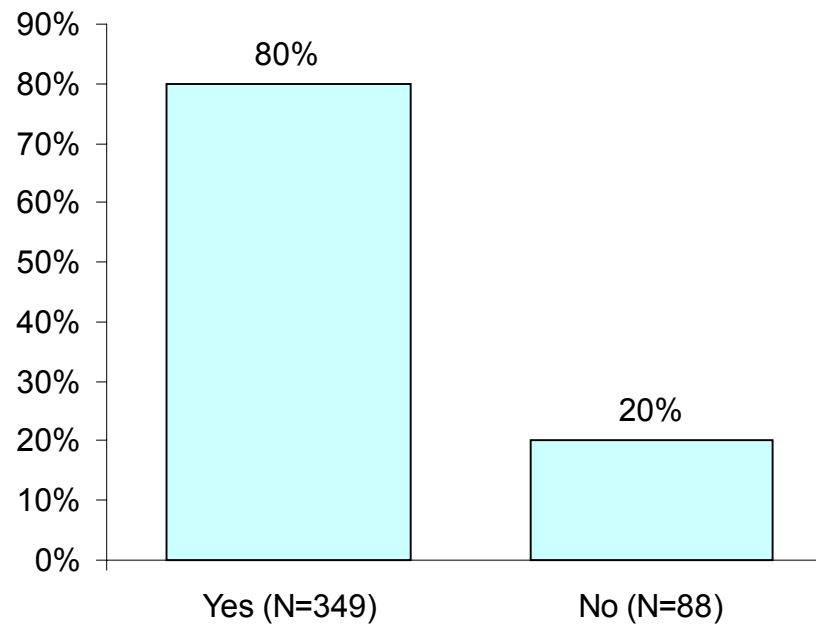
Survey respondents were asked:

“In the last 6 months, have any of your child’s doctors or other health providers given you reassurance about the care you are providing for your child?”

Note:

This question was answered by people who indicated they had taken their child to a doctor’s office or clinic in the first 6 months of 1998.

Q33 Doctors gave parents reassurance about child care (N=435)



FFS Children

Single Item Measure

Question 35

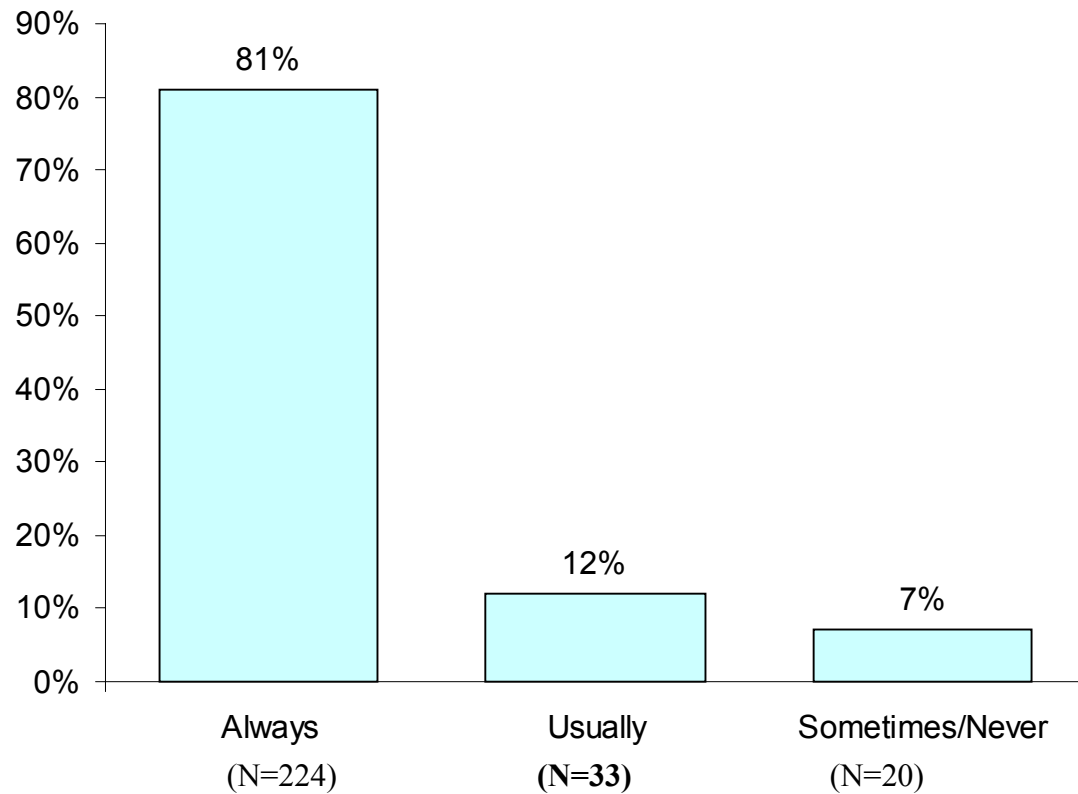
Survey respondents were asked:

“In the last 6 months, how often were you involved as much as you wanted in the decisions about your child’s health care?”

Note:

This question was answered by people who indicated they made decisions about their child’s health care in the first 6 months of 1998.

Q35 Involved as much as wanted in child’s health care decisions (N=277)



FFS Children

Single Item Measure

Question 39

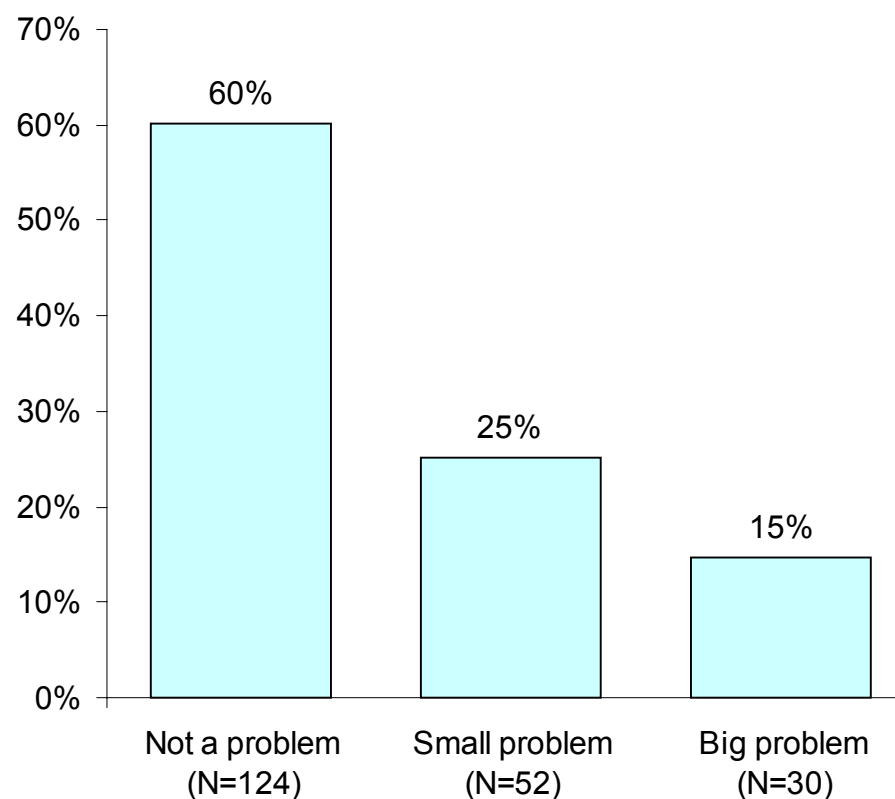
Survey respondents were asked:

“In the last 6 months, how much of a problem, if any, was it to get the physical, occupational, or speech therapy your child needed?”

Note:

This question was answered by people who indicated their child needed physical, occupational, or speech therapy in the first 6 months of 1998.

Q39 Problems getting physical, occupational, or speech therapy (N=206)



FFS Children

Single Item Measure

Question 42

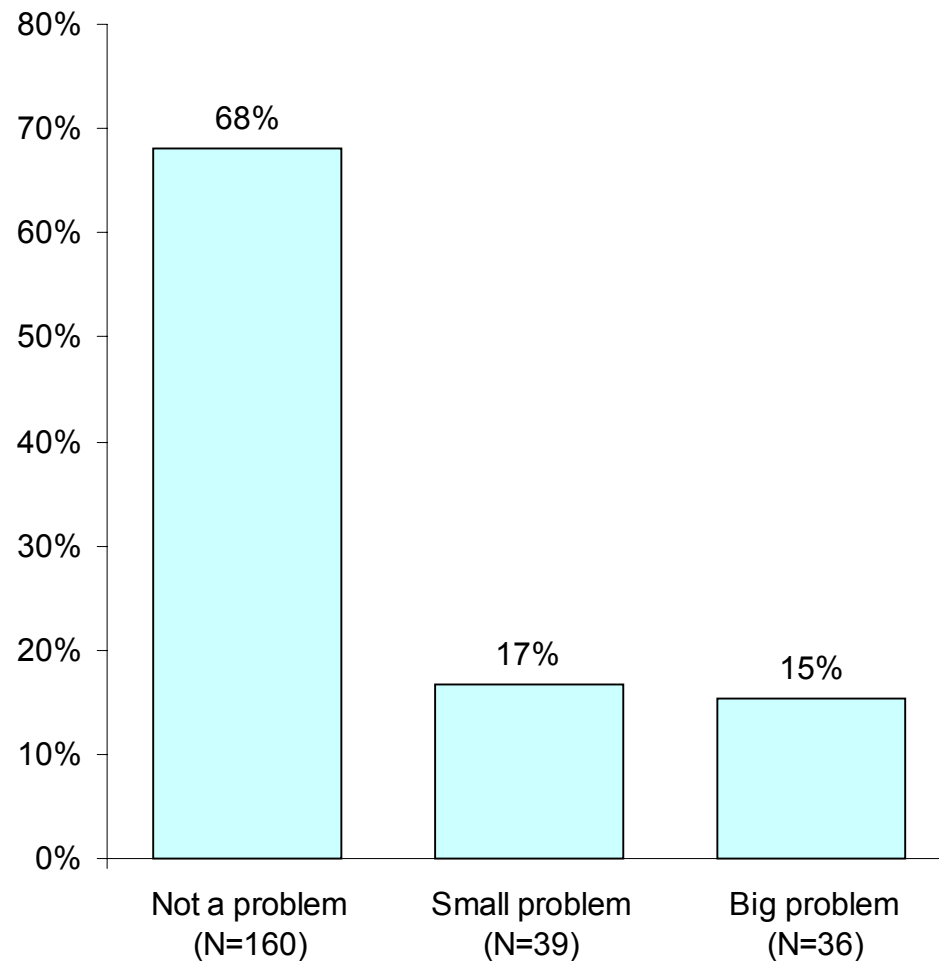
Survey respondents were asked:

“In the last 6 months, how much of a problem, if any, was it to get the treatment or counseling your child needed?”

Note:

This question was answered by people who indicated their child had had treatment or counseling for an emotional developmental or behavior difficulty in the first 6 months of 1998.

**Q42 Problems getting treatment or counseling
(N=235)**



FFS Children

Single Item Measure

Question 48

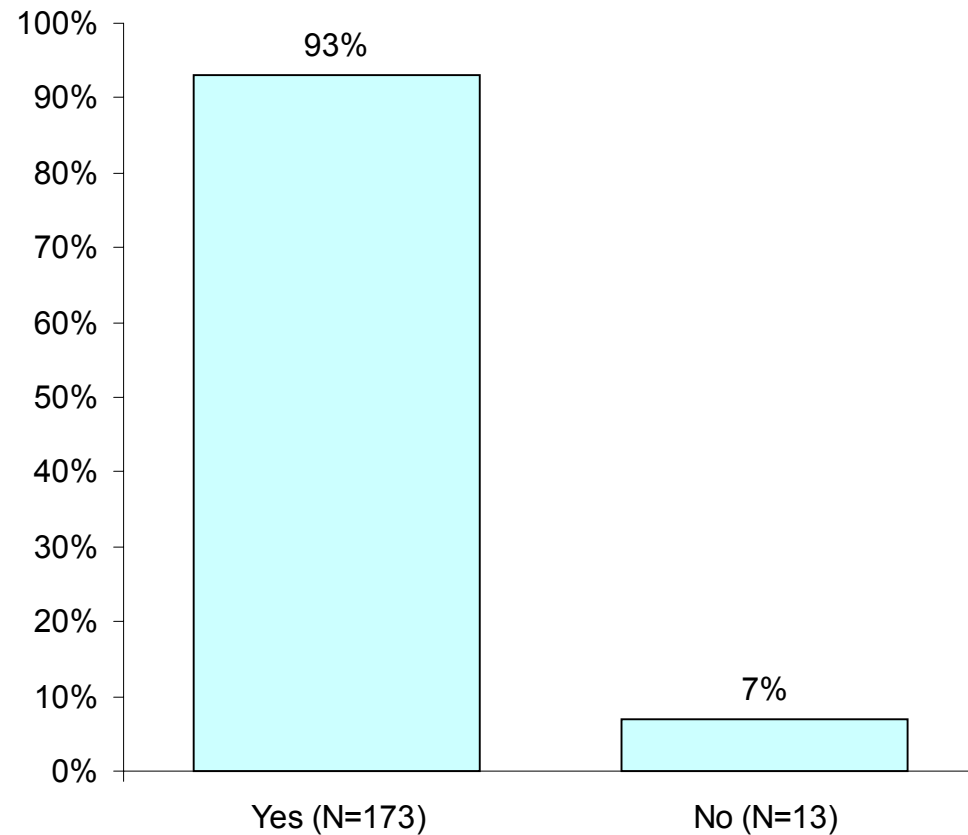
Survey respondents were asked:

“Did you get an appointment for your child’s first visit to a doctor or other health provider for a check-up, or for shots or drops, as soon as you wanted?”

Note:

This question was answered by people whose children were two year old or younger and had gone to a doctor for a check.

Q48 Getting appointment for child's first check-up (N=186)



FFS Children

Single Item Measure

Question 61

Survey respondents were asked:

“In the last 6 months, how much of a problem, if any, was it to get your child’s prescription medicine at the drug store or pharmacy?”

Note:

This question was answered by people who indicated they did get a new prescription or had a prescription refilled in the first 6 months of 1998.

Q61 Problems getting child's prescription medicine (N=413)

